

HUMAN FACTORS



Critical Incident Stress Management:

User Implementation Guidelines

*This Document is issued as an EATM Guideline. The contents are not mandatory.
They provide information and explanations, or may indicate best practice.*

Critical Incident Stress Management: User Implementation Guidelines

Edition Number:	2.0
Edition Date:	24.10.2008
Status:	Released Issue
Intended for:	EATM Stakeholders

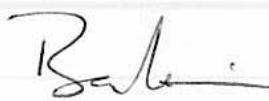
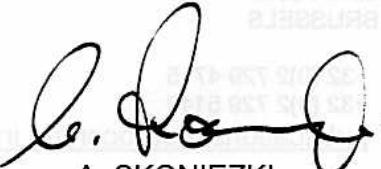
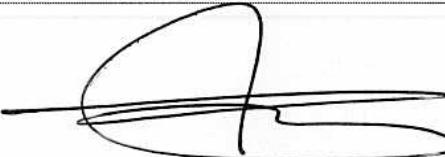
DOCUMENT CHARACTERISTICS

TITLE		
Critical Incident Stress Management: User Implementation Guidelines		
	Publications Reference	08/11/03-27
	ISBN Number	978-2-87497-014-6
Document Identifier	Edition Number:	2.0
CISM_Guidance_V2_Oct08_GUI_HUM	Edition Date:	24.10.2008
Abstract		
<p>This guideline document facilitates and supports the implementation of a Critical Incident Stress Management (CISM) programme. It proposes the steps to be followed during the whole process through the phases of definition, planning, implementation and supervision of the programme.</p>		
<p>This document is a revision of an earlier EUROCONTROL publication, 'Critical Incident Stress Management: User Implementation Guidelines' (2005).</p>		
Keywords		
Critical Incident Stress (CIS)	Critical Incident Stress Management (CISM)	
Crisis intervention	Post-incident support service	
Post-Traumatic Stress Disorder (PTSD)		
Contact Person	Tel	Division
M. BARBARINO	+32 2 729 3951	DAP/SSH Human Factors Domain

STATUS, AUDIENCE AND ACCESSIBILITY				
Status	Intended for		Accessible via	
Working Draft	<input type="checkbox"/>	General Public	<input type="checkbox"/>	Intranet
Draft	<input type="checkbox"/>	EATM Stakeholders	<input checked="" type="checkbox"/>	Extranet
Proposed Issue	<input type="checkbox"/>	Restricted Audience	<input type="checkbox"/>	Internet (www.eurocontrol.int)
Released Issue	<input checked="" type="checkbox"/>	<i>Electronic copies of this document can be downloaded from http://www.eurocontrol.int/humanfactors/public/site_preferences/display_library_list_public.html</i>		

DOCUMENT APPROVAL

The following table identifies all management authorities who have successively approved the present issue of this document.

AUTHORITY	NAME AND SIGNATURE	DATE
Project Manager	 I. PATTERSON	03/11/2008
Manager Human Factors Domain	 M. BARBARINO	04/11/2008
Chairman Human Resources Team (HRT)	 A. SKONIEZKI	4/11/2008
Director ATM Programmes (DAP)	 G. KERKHOFS	13/11/2008

DOCUMENT CHANGE RECORD

The following table records the history of successive editions of the current document.

EDITION NUMBER	EDITION DATE	INFOCENTRE REFERENCE	REASON FOR CHANGE	PAGES AFFECTED
1.0	06.12.2005	050913-01	Released Issue Edition 1.	All
2.0	10.09.2008	N/A	Second Edition: Proposed Issue to HRT for approval.	All
2.0	24.10.2008	08/11/03-27	Second Edition: Released Issue.	All

Publications

EUROCONTROL Headquarters
96 Rue de la Fusée
B-1130 BRUSSELS

Tel: +32 (0)2 729 4715
Fax: +32 (0)2 729 5149
E-mail: publications@eurocontrol.int

CONTENTS

DOCUMENT CHARACTERISTICS.....	ii
DOCUMENT APPROVAL.....	iii
DOCUMENT CHANGE RECORD.....	iv
EXECUTIVE SUMMARY.....	9
1. INTRODUCTION.....	11
1.1 Purpose	11
1.2 Scope	11
1.3 Background	12
1.4 Structure.....	12
2. CRITICAL INCIDENTS AND CRITICAL INCIDENT STRESS MANAGEMENT (CISM).....	15
2.1 Background to the Development of Critical Incident Stress Management (CISM)	15
2.2 Critical incidents and Post Critical Incident Stress (CIS)	15
2.3 Critical Incident Stress Management (CISM).....	19
3. PLANNING AND IMPLEMENTING A CISM PROGRAMME.....	23
3.1 Introduction	23
3.2 Checklist for the CISM Implementation Project Organisation.....	23
3.3 Checklist Directory	24
4. THE CISM PROMOTION AND INFORMATION PROGRAMME	45
4.1 Introduction	45
4.2 Promotion phase of the CISM programme including project setup	45
4.3 Information phase on the CISM implementation project.....	46
4.4 Post- implementation phase	49
4.5 Checklist for CISM programme promotion and information.....	51
5. ROLES OF THE PEOPLE INVOLVED IN A CISM PROGRAMME	52
5.1 Positioning CISM in the organisation	52
5.2 Roles and Responsibilities	52
5.3 Recruitment and Selection or Election of CISM peers.....	55
5.4 Application of CISM to Other Groups of Employees within the Organisation.....	57
6. TRAINING COURSE FOR CISM PROGRAMMES.....	59
6.1 General Description	59
6.2 Generic Elements in a CISM Peer Training Course	59

7. QUALITY MANAGEMENT AND EVALUATION OF A CISM PROGRAMME	61
7.1 Quality Management (QM).....	61
7.2 Evaluation	66
8. HANDLING OF SENSITIVE DATA.....	70
8.1 National Regulations	70
8.2 General Rules	70
9. CHECKLIST AND SUMMARY FOR CISM IMPLEMENTATION	74
BIBLIOGRAPHY AND REFERENCES.....	76
GLOSSARY	78
ABBREVIATIONS AND ACRONYMS	82
CONTRIBUTORS.....	84
APPENDIX A - CISM INTERVENTION METHODS AND THEIR APPLICATION	88
A1. Introduction	88
A2. Description of the Intervention Methods and their Application.....	88
APPENDIX B - CHECKLIST OF CRISIS INTERVENTION METHODS USED WITHIN CISM PROGRAMMES	95
APPENDIX C - EXAMPLE OF A COURSE FOR THE TRAINING OF CISM PEERS	97
C1. Introduction	97
C2. Course Modules for the Training of CISM Peers and Supervisors	97
C3. Prerequisite	97
C4. General Course Objectives	97
C6. Basic 1: Individual Crisis Intervention and CISM peer Support	98
C7. Basic 2: Group Crisis Intervention	101
C8. Advanced Group Crisis Intervention	102
C9. Refresher training for CISM peers and CISM staff	103
C10. Supervisor Training Module	104
APPENDIX D - EXAMPLE OF A CISM CHECKLIST SUPERVISORS:	108
APPENDIX E - EXAMPLE OF A CISM BOOKLET FOR SUPERVISORS:	110
APPENDIX F - SAMPLE TEMPLATES FOR INFORMATION AND SELECTION OF CISM PEERS.....	115
APPENDIX G - USER EVALUATION OF CISM	114
APPENDIX H - INSTRUCTIONS FOR CISM PEER SUPPORTERS ON THE USE OF THE USER EVALUATION QUESTIONNAIRE.....	121

APPENDIX I - CISM PEER NOMINATION FORM.....	123
APPENDIX J - CHIEF EXECUTIVE'S STATEMENT.....	125
APPENDIX K – COST BENEFIT CONSIDERATIONS AND CISM RECOMMENDATIONS ARISING FROM DFS STUDY	127

Page intentionally left blank

EXECUTIVE SUMMARY

Critical incidents can lead to stress reactions - so-called post-traumatic stress reactions - for the staff involved. Crisis intervention methods, being part of a Critical Incident Stress Management (CISM) programme, are designed to help people negatively affected by such events, to recover from these affects and return to normal functioning and behaviour. Such interventions create advantages for the staff in Air Navigation Services and their employers, because employees can return to their normal duties more quickly following an incident.

These guidelines describe the process for the implementation of critical incident stress management in Air Navigation Services Organisations. They provide advice for the promotion of a CISM programme, the selection and nomination of CISM peers, the appropriate training activities, and the evaluation of benefits and other consequences of the programme.

This document is a complement to an earlier EUROCONTROL publication, 'Human Factors Module: Critical Incident Stress Management' (1997), that was developed within the former 'European Air Traffic Control Harmonisation and Integration Programme (EATCHIP)', later known as 'European Air Traffic Management Programme (EATMP)' and today simply referred to as 'European Air Traffic Management (EATM)'. It is intended to support the implementation of CISM in the European Civil Aviation Conference (ECAC) States and provide some consistency in the approaches used. The detailed structure of the document is provided in Section 1.4 of this document.

Page intentionally left blank

1. INTRODUCTION

1.1 Purpose

The purpose of the CISM User Implementation Guidelines is to provide support to Air Navigation Services Providers (ANSPs) in implementing a CISM programme. They provide guidance for the initial introduction of CISM into an organisation through to the maintenance of such a programme.

1.2 Scope

The application of a CISM programme for ANSP staff is described in a previous document, 'Human Factors Module: Critical Incident Stress Management' (EUROCONTROL, 1997). Some Air Navigation Service Providers (ANSPs) in European ATM have adopted and adapted the recommendations in this document, and used them as a basis for their CISM programmes, whilst other providers have chosen different approaches in terms of the models of intervention used, the types of support they provide and the process by which this is achieved.

The purpose and scope of this document is to provide a generic approach to the implementation of CISM type programmes, whatever the specificities of the approaches chosen. However, caution needs to be exercised as even the term CISM is open to some misinterpretation. For some the term CISM represents specific approaches using the techniques described in the 1997 publication described above. For others the term has come to mean something more generic, loosely describing a range of post critical incident management procedures. EUROCONTROL takes no position on the appropriateness or otherwise of approaches that might be used and accepts that cultural diversity, local needs and considerations may dictate different requirements for such programmes.

The present document has been strongly influenced by the approach, terminology and intervention models described in the previous referenced EUROCONTROL document which is based on the seminal work of the International Critical Incident Stress Foundation, that first used the term 'CISM', and some of the methods described borrow heavily from this. However, these implementation guidelines can be used for programmes that may have different approaches.

The European Convergence and Implementation Plan (ECIP) requires Member States of EUROCONTROL to introduce CISM programmes into their ANSP organisations by the end of 2007. Some ANSP organisations have already implemented CISM and have noted positive benefits for their staff. Based on the experience of some of these ANSPs this guideline document is aimed at organisations which intend to introduce a CISM programme.

1.3 Background

The development of CISM User Implementation Guidelines was initiated by EUROCONTROL (Directorate ATM Strategies, Human Factors Management Business Division [DAS/HUM]) to support the implementation of CISM within ANSP organisations. They were developed in cooperation with the following experts, who became the members of the newly-formed 'CISM User Group', sponsored and chaired by EUROCONTROL:

- Deutsche Flugsicherung GmbH (DFS): Gerhard Diener, Wolfgang Merz, Joachim Vogt and Jörg Leonhardt;
- Irish Aviation Authority (IAA): Kevin Mc Grath;
- Navegaçao Aerea de Portugal (NAV Portugal): Isabel Cambraia;
- Latvian Air Navigation Service (LGS): Mara Romele;
- EUROCONTROL Agency: Roger Bartlett and Ian Patterson.

The CISM User Group was used as an editing panel and the final draft was produced by EUROCONTROL DAS/HUM.

1.4 Structure

The document starts with an Executive Summary. The actual guidelines are developed in nine chapters, summarized below. Then follow a glossary, a list of the abbreviations and acronyms used in the publication, and a bibliography. At the end of the document the reader will find eight useful technical appendices (A to H).

Chapter 1, 'Introduction', outlines the purpose, the scope and the background to the document.

Chapter 2, 'Critical Incidents and Critical Incident Stress Management (CISM)', defines the relevant terms and presents information on the principles and objectives of a CISM programme.

Chapter 3, 'Planning and Implementing a CISM Programme', outlines the steps to be taken to implement a CISM programme. It discusses how a CISM program project can be established. At the beginning of the chapter a checklist is provided highlighting the important 'high-level' elements that should be considered. This checklist has hyperlinks to more detailed checklist elements.

Chapter 4, 'The CISM Promotion and Information Programme', contains checklists for the promotion and information activities to be considered for the implementation of a CISM programme.

Chapter 5, 'Roles of the People Involved in a CISM Programme', discusses the different roles that have to be considered in a CISM programme and provides some guidance how to inform management and staff about the CISM

principles, how to select CISM peers and how the CISM methods can be also applied to other categories of staff.

Chapter 6, 'Training Course for CISM Programmes', addresses the general description of the requirements for CISM training for CISM peer counsellors.

Chapter 7, 'Quality Management and Evaluation of a CISM Programme', provides information on the application of quality management methods to a CISM programme and advice on approaches for the evaluation of benefits of such a programme.

Chapter 8, 'Handling of Sensitive Data', discusses the legal requirements for the handling of personnel data and documents relating to the CISM programme.

Chapter 9 'Checklist and Summary for CISM Implementation', summarises the important points of the previous chapters. It might serve as a checklist that might be used to check you have covered the main issues for a CISM implementation.

Page intentionally left blank

2. CRITICAL INCIDENTS AND CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

2.1 Background to the Development of Critical Incident Stress Management (CISM)

Disasters and occurrences which cause devastating damage always result in intensive media coverage and extended public interest. The Sioux City DC 10 crash, the high-speed train accident in Eschede, Germany, the avalanche incident in Galthür, Austria, the Concorde aircraft crash in Paris, the midair collision over the Lake of Constance, Germany, and above all, the recent terrorist attacks in the United States and Madrid are examples of incidents that are etched firmly in the psyche of many individuals. Of course, for the people directly involved in such incidents and in the subsequent aftermath, the effects are generally much more devastating and can be debilitating for some. Increasingly there has been a focus on the effects of such incidents on the support services that assist following an incident, and in discussing the consequences of such involvement on the personal emotions of members of these individuals and the teams to which they belong. This led to the conclusion that it was necessary to implement a special approach to assist the members of these groups. One of the approaches is called 'Critical Incident Stress Management (CISM)'.

Subsequently, approaches of this type have been adopted by the aviation industry to assist personnel following an incident. ATM is no exception and increasingly formal programmes to manage stress following an incident are being implemented.

2.2 Critical incidents and Post Critical Incident Stress (CIS)

2.2.1 Introduction

In general, we might assume that members of certain professional groups such as rescue services, fire fighters, members of the police and the armed forces, pilots and Air Traffic Controllers (ATCOs) are, due to their training, better prepared to cope with unusual situations than others who do not belong to these professional groups. However, there are events which reach beyond the scope of experience of members of these professional groups. Such events may have considerable traumatising potential and are referred to as critical incidents.

In some cases the individual coping strategies do not suffice to fully cope with these critical incidents. The person affected may not be able to cope with the emotional, cognitive and physical reactions which they are experiencing and may be unable to appraise the situation in a manner that allows them to cope with the incident. Their professional experience is not sufficient to allow

resolution and the person ceases to function at their normal level. In short, the incident results in Critical Incident Stress (CIS) reactions for which the person was not primed by his or her previous experiences. These reactions can be intense and last for long periods of time.

In this context, the following incidents may be regarded as critical incidents in Air Traffic Control (ATC):

- disasters and occurrences which cause devastating damage,
- severe accidents,
- separation infringement,
- aircraft emergencies,
- events which result in many casualties,
- casualties of children, relatives, colleagues,
- destruction of own personal environment,
- criminal offences, assaults or threats,
- personally experienced/witnessed violence,
- near incidents or accidents.

2.2.2 Definition of critical incidents

Generally for an incident to meet the criteria for a critical incident the following definition or something similar should be met.

Critical Incident

A critical incident is any situation that causes a person to experience unusually strong stress reactions that the person perceives as disturbing or disabling.

In this context it is important to point out that the reaction towards a critical incident does not only depend on the incident as such but also on the physical and mental condition of the person affected. The stress reactions experienced may confuse the person affected, because he/she is not familiar with these reactions and he/she is not able to apply the necessary coping strategies. His/her professional self-image and personal system of values may be severely challenged.

However, not all serious incidents are necessarily traumatising; the reaction of different individuals to the same event depends on a number of factors. For example, the personal situation of the individual affected, from a physical, mental and social point of view, and his/her individual appraisal and assessment of the situation.

We can assume that a critical incident has the potential for being traumatising in the longer term if one or several of the following criteria are met:

- feeling of helplessness/powerlessness;
- feeling of personal guilt;
- massive personal dismay;
- high degree of identification;
- threat to life and health;

- the individual perceives the incident as intense or serious;
- the person has repeated thoughts about the incident that are intrusive and disruptive to the everyday functioning.

As a consequence, critical incident stress reactions may occur at different degrees of intensity and type, and some have the potential to promote the development of a chronic stress disorder.

2.2.3 Critical incident Stress (CIS) reactions

CIS reactions can be thought of as falling into four broader groups, each containing several 'symptoms' that belong to that group. It is important to understand that all of them are normal human reactions to an abnormal event.

a) Psychological level

- Fear and insecurity
- Feelings of guilt
- Feeling of being overwhelmed / helplessness
- Anxiety
- Irritability/aggression
- Fits of anger
- Increased excitability
- Depressive mood
- Etc.

b) Cognitive level

- General confusion
- Difficulty in making decisions
- Difficulty in identifying persons known to the individual
- Disorientation in terms of time and place
- Change in readiness to react to situations
- Deficiencies in concentration
- Etc.

c) Physical level

- Sudden dizziness/feeling of faintness
- Feeling dazed/detached/distant from things
- Sleeping problems
- Faster pulse or higher blood pressure
- Breathing difficulties
- Dimness of vision
- Chills and fever

d) Behavioural level

- Seclusion/self-isolation
- Hypersensitivity to stimuli
- Antisocial behaviour
- Restlessness
- Uncontrolled movements

- Increased consumption of psycho-active substances

2.2.4 The course of Critical Incident Stress (CIS) reactions

The course of CIS reactions can be divided into three phases:

a) Acute stress reactions

- During the incident and up to 24 hours after the incident
- Massive stress reactions / stress symptoms
- Individual coping strategies should become effective

b) Acute stress disorder

- Between 24 hours and four weeks after the incident
- Massive stress reactions or stress symptoms continue to exist or re-occur on a regular basis with constant intensity
- Individual coping strategies remain ineffective

c) Chronic stress disorder

- More than four weeks after the incident
- Massive stress reactions or symptoms continue to exist (frequently or sporadically) with constant intensity
- Individual coping strategies remain ineffective
- Delayed onset of stress reactions is possible

Experience shows that a considerable percentage (approximately 20%) of persons who have experienced a critical incident suffer from *Post-Traumatic Stress Disorder (PTSD)* if no intervention takes place. PTSD is characterised by two interdependent factors: *mental hypersensitivity* and *neurological hypersensitivity*. Following the definition in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV - American Psychiatric Association, 1994) post-traumatic stress disorder is characterised by three categories of symptoms:

- re-experiencing of the event,
- persistent avoidance of stimuli associated with the trauma,
- persistent increased arousal.

PTSD causes the persons affected to repeatedly experience the traumatic incident. This recurring experience is prompted by external stimulation (a certain smell, sound, situation or mood that reminds the person affected of the incident) or inner processes (dreams). The person affected is not able to gain control over the recurring experience.

It results in long-term disorders concerning memory, interests and emotions. If the worst comes to the worst, cerebral changes may occur or the person may no longer be able to perform his/her job.

2.2.5 Dealing with CIS

Critical incident or post critical incident stress may be dealt with in a variety of ways. These may include: the individual developing an adequate coping mechanism (with or without the support of others, family or friends), through to support from the organisation via an employee assistance programme, CISM programme or other post-incident support service, or, through referral to a externally appointed professional counselling service or mental health practitioner. Any of these approaches may help the individual concerned resolve any difficulties they are having.

CISM approaches consider a range of possible interventions within their scope. A discussion on the appropriateness of these various interventions is outside of the scope of this document but the methods sufficiently varied to warrant some description; this is the subject of Section 2.3 to follow.

Note: ANSPs should take advice from a professionally qualified agency and or individuals as to the types of services they should include within the CISM programme. This is likely to be dictated by the availability of professional supports, resources and the locality in which the service is required.

2.3 Critical Incident Stress Management (CISM)

2.3.1 General Information

CISM is an integrated method which consists of several steps and helps the persons affected cope with their Critical Incident Stress (CIS) reactions thanks to direct and immediate intervention. In this way, it may be possible to decrease the probability of consequential disorders. CISM is a comprehensive, systematic and multi-component approach to the management of CIS.

CISM methods are secondary preventive measures which consist of discussions about the incidents in the form of structured individual and group discussions and help the persons affected regain their ability to apply coping strategies. Most of the time these discussions are performed by colleagues who have qualified in CISM programmes (the so-called CISM peer diffusers or CISM peers) or by Mental Health Professionals (MHPs) who are qualified CISM experts. None of the CISM techniques can, or should be, regarded as psycho-therapeutic measures.

2.3.2 CISM Measures

CISM comprises the following measures:

a) Preventive teaching and training measures

- Training courses for managers, members of staff, colleagues and relatives of the above-mentioned professional groups or organisations
- Different modules, depending on the individual target groups

b) Individual crisis intervention

- Structured (individual) discussions with qualified CISM peers or MHPs on site or immediately after the incident or mission
- Safer model as a one-to-one intervention method

c) CIS defusing

Structured discussions in groups performed by CISM peers or MHPs up to 24 hours after the incident or mission

d) CIS debriefing

Structured discussions in groups performed by MHPs and CISM peers between 72 hours and four weeks after the incident/mission

e) Demobilisation

Quick informational and rest sessions applied when a group of professionals have been released from service after a major incident. Among other purposes it serves as a screening opportunity to assure that individuals who need assistance are identified after the traumatic event.

f) Crisis Management Briefing (CMB)

Briefings in large groups performed immediately after the incident/mission; these briefings serve the purpose of providing information about CIS reactions and their consequences and about available support.

g) Support by the family/organisation

Counselling and/or training for relatives and organisations of particularly affected professional groups. Counselling for relatives/organisations after a critical incident has occurred.

h) Follow-up / referral

- Follow-up following CISM peer counselling is recommended. Typically this may be one to one and for two to three sessions.
- If required, the persons affected may be referred to experts, doctors or therapists for further measures (therapy).

2.3.3 Objectives of CISM Measures

Objectives to be achieved by applying CISM measures:

- reduce CIS reactions as quickly as possible,
- "normalise" the unusual experience and reaction,
- reactivate the cognitive functions and processes affected by the incident,
- regain the ability to work as soon as possible.

It is claimed by advocates of CISM that, where CISM measures are implemented, it is easier for the persons affected to cope with the critical incident experience and quicker for them to reassume their tasks. In addition, it is possible to decrease the probability of consequential disorders and save the organisation further costs.

2.3.4 Definitions

Critical Incident:	Any situation that causes a person to experience unusually strong stress reactions that the person perceives as disturbing or disabling.
Critical Incident Stress (CIS) :	The behavioural changes, and the psychological and physical reactions which a person experiences after a critical incident. These reactions are normal reactions to an abnormal event.
Crisis:	A temporary disruption of psychological balance where the usual coping mechanisms fail.
Post-traumatic Stress:	Sometimes used interchangeably with the term Critical Incident Stress.
Post-traumatic Stress Disorder (PTSD):	A pathogenic version of post-traumatic stress, where symptoms are enduring and disabling.
Crisis Intervention:	Focuses on the acute crisis and not on historical events; it is one part in a spectrum of care.

Details of a CISM intervention used by some ANSPs in Europe are provided in APPENDIX A.

Page intentionally left blank

3. PLANNING AND IMPLEMENTING A CISM PROGRAMME

3.1 Introduction

The aim of this chapter is to facilitate the implementation of a Critical Incident Stress Management (CISM) programme. It proposes the steps to be followed through the phases of definition, planning and implementation of the project.

As different aspects and prerequisites may be considered relevant to a specific national or operational environment, this checklist shall be taken as a guide only, which may be tailored according to the specific local requirements.

The chapter is built as a checklist with inserted hyperlinks to further pages, which contain relevant information and definitions, and which may be completed by the CISM project team as the checklist items are covered.

3.2 Checklist for the CISM Implementation Project Organisation

The following checklist and hyperlinked pages (see [3.3](#)) shall serve for the elaboration of the work packages within a CISM programme implementation. It proposes a unique format and a meaningful sequence of issues to be considered.

Note: All entries and the sequence of items in the following pages are suggestions following a proposed standard, which may not exactly suit all local specific needs. Programme developers shall change the content and format, if this seems to be more suitable.

The document starts with a checklist which serves as quick reference and an overview of the phases and steps to be followed in logical order. Hyperlink markers can be used to quickly navigate between the items on the checklist and the linked pages, where relevant content can be found and/or local project information may be entered.

Best use of this document can be made directly on a PC using MS-Word application. To facilitate the navigation between the checklist and the referenced pages, the toolbar "Web" should be activated in MS Word first (select "View – Toolbars – Web"). Then:

- ▶ *for navigation from the checklist to the pages, click on hyperlink marker.*
- ▶ *for navigation from pages back to the checklist, click on the green "Back" button (arrow) in the Web toolbar.*

At this point you may wish to read [Chapter 9](#). This provides a checklist representing a high-level overview for a CISM implementation.

3.3 Checklist Directory

Phase / Step Number	Phase / Step Title	Hyperlink to detailed checklist	<input checked="" type="checkbox"/>
A	Phase 1: Definitions and Requirements		
A1	Definition of critical incident	🔗	
A2	Definition of the national/local CISM	🔗	
A3	General determination of target groups: a) Beneficiaries	🔗	
A4	General determination of target groups: b) Providers	🔗	
A5	Specific requirements of ATC staff	🔗	
A6	National legislative requirements	🔗	
A7	Local/unit specific requirements	🔗	
B	Phase 2: Planning		
B1	Responsibilities	🔗	
B2	Tasks within the CISM implementation team	🔗	
B3	Financing	🔗	
B4	Timetable	🔗	
B5	Documentation	🔗	
B6	Training	🔗	
C	Phase 3: Implementation		
C1	Communication	🔗	
C2	Recruitment and selection of CISM peers	🔗	
C3	Training	🔗	
D	Phase 4: Maintenance		
D1	Communication	🔗	
D2	Training	🔗	
D3	Evaluation of the programme	🔗	
D4	Quality Management (QM)	🔗	

Place a tick in the column when task is completed.

Phase 1: Definitions and Requirements

A1 Definition of critical incident

Definitions / Remarks	Actual entries
<p>A critical incident is any situation that causes a person to experience unusually strong stress reactions that the person perceives as disturbing or disabling.</p> <p><i>For local/national reasons, this definition may be adapted.</i></p> <p>Reasons for adaptation are:</p> <p>The new definition reads:</p>	

Phase 1: Definitions and Requirements

A2 Definition of the national/local CISM

Definitions / Remarks	Actual entries
<p>The CISM programme consists of a number of measures that are put in place prior to a critical incident taking place. The aim of a CISM programme is to reduce the impact of CIS reactions on employees, to normalise the unusual experience and reactions, to facilitate the return to normal functioning and performance, both in the workplace and at home.</p> <p><i>Due to national/local requirements, this definition may be complemented.</i></p> <p>National/local requirements are:</p> <p>The new definition reads:</p>	

Phase 1: Definitions and Requirements**A3 General determination of target groups: a) Beneficiaries**

Definitions / Remarks	Actual entries
<p>The target group of immediate beneficiaries of the CISM programme are all persons in operational ATM services who may suffer from their own or others' experience of a critical incident. These persons or groups of persons should be clearly defined, because they should be provided with specific services: information, support, training, etc.</p> <p>Enter names of operational individuals or teams:</p>	

Phase 1: Definitions and Requirements

A4 General determination of target groups: b) Providers

Definitions / Remarks	Actual entries
<p>The target group of providers within the CISM project are all persons who:</p> <ul style="list-style-type: none"> - have responsibilities, - make decisions, - provide CISM services. <p>Within the CISM programme these group shall be provided with specific services like information, training, benchmark results, case analyses, decision support, etc.</p> <p>Enter the names of:</p> <p style="padding-left: 40px;">CISM experts:</p> <p style="padding-left: 40px;">MHPs (internal or external):</p> <p style="padding-left: 40px;">Project manager or project team:</p> <p style="padding-left: 40px;">Company and/or operational management:</p> <p style="padding-left: 40px;">Safety manager:</p> <p style="padding-left: 40px;">Administration:</p> <p style="padding-left: 40px;">Training provider:</p> <p style="padding-left: 40px;">Unions:</p> <p style="padding-left: 40px;">Professional organisations:</p> <p style="padding-left: 40px;">CISM peers:</p> <p style="padding-left: 40px;">Incident investigation organisation:</p> <p style="padding-left: 40px;">Other ANSPs:</p> <p style="padding-left: 40px;">Other organisations:</p> <p style="padding-left: 40px;">CISM user group:</p>	

Phase 1: Definitions and Requirements

A5 Specific requirements of ATC staff

Definitions / Remarks	Actual entries
<p>The ANSP staff are immediate concerned groups or individuals of the CISM programme. This target group shall be in the focus of all CISM activities and shall especially be involved in the implementation project. Their specific requirements have to be analysed carefully and taken into account.</p> <p>The analysis shall include at least the following aspects:</p> <p style="text-align: center;">Expectations:</p> <p style="text-align: center;">Possible resistance¹:</p> <p style="text-align: center;">Cultural specific features²:</p> <p style="text-align: center;">Others:</p>	

¹ Possible resistance may be created if ATCOs are not convinced that confidentiality will be assured.

² Cultural specific features may arise if controllers from different national regions or countries are employed.

Phase 1: Definitions and Requirements

A6 National legislative requirements

Definitions / Remarks	Actual entries
<p>Personnel-related programmes like CISM, which potentially have effects on individual rights, confidentiality, participation requirements of unions, etc., are likely to be the subject of legislative requirements. These requirements shall be carefully analysed in order not to endanger the implementation of the programme.</p> <p>National laws effecting the implementation of CISM³:</p>	
<p>Liability of CISM peers:</p>	
<p>Insurance requirements:</p>	
<p>Consequences on the project:</p>	
<p>Measures to be taken:</p>	

³ The legal status of peers must be clarified and indemnity insurance may be required for their protection. Formal approval of staff representative organisations should be obtained prior to implementation of CISM programmes. The handling of personal data may be subject to national legislative requirements.

Phase 1: Definitions and Requirements

A7 Local/unit specific requirements

Definitions / Remarks	Actual entries
<p>The implementation of a personnel-related programme like CISM has effects on planning, administration within organisations. These effects shall be carefully analysed in order not to endanger the implementation of the programme due to lack of acceptance or due to administration issues.</p> <p>Local/unit specific requirements for the implementation of CISM:</p> <p>Consequences on the project:</p> <p>Measures to be taken:</p>	

Phase 2: Planning**B1 Responsibilities**

Definitions / Remarks	Actual entries
This page shall contain the names of all persons, who will undertake any responsibilities within the programme implementation, together with a short description of the nature of responsibility.	
Steering responsibilities:	
Regulative responsibilities:	
Organisational responsibilities:	
Evaluation and quality management responsibilities:	
Responsibilities on working level (e.g. training, selection, promotion and information):	
Others, if required:	

Phase 2: Planning

B2 Tasks within the CISM implementation team

Definitions / Remarks	Actual entries
<p>The core group of persons within the implementation team will be the project team, which shall be formed by persons, contained in the previous list B1 (Responsibilities). Within this team, a clear identification of tasks and rules of team coordination shall be defined for these individuals.</p> <p>Chairmanship⁴:</p> <p>Facilitator/secretary:</p> <p>Communication/promotion:</p> <p>Subject matter expert(s):</p> <p>Training:</p> <p>Selection:</p> <p>Financing/administration:</p> <p>Evaluation and quality management responsibilities:</p> <p>Others, if required:</p>	

⁴ As a suggestion, the function of chairmanship in the project team could be undertaken by the person who is to be appointed CISM manager.

Phase 2: Planning

B3 Financing

Definitions / Remarks	Actual entries
<p>One of the corner stones for success is the proper planning of budgets and the financing process.</p> <p>Generally, the following items will have to be considered:</p> <ol style="list-style-type: none"> 1. Decisions on resources requirements, personnel, support services etc. 2. Cost analysis of the implementation project, e.g. meetings, travelling, communication, external consultation and training. 3. Cost analysis of the subsequent and current CISM programme⁵, e.g. additional personnel, consultation, training⁶. 4. Cost analysis of additionally required personnel, e.g. CISM peers, subject-matter experts. 5. Financial approval. 6. Decisive budgetary responsibilities. 7. Local process of financing. 	

⁵ The financial analysis can include considerations about a “return of investment”. This consideration, however, shall not constitute the major argument for or against the CISM implementation, because other benefits as described in the guidelines overrule the financial aspect.

⁶ Training in the CISM programme comprises all training activities like refresher trainings, regular peer meetings, continuation trainings, etc.

Phase 2: Planning

B4 Timetable

Definitions / Remarks	Actual entries
<p>The CISM implementation project shall be organised according to national/local project rules or guidelines. The structure of relevant timetable for the project is therefore dependant on the organisation's rules or guidelines.</p> <p>At least the following milestones shall be part of the project timetable:</p> <ol style="list-style-type: none"> 1. Policy statement on CISM from CEO or similar office. 2. CISM kick-off decision. 3. Project team determined. 4. Awareness information package. 5. CISM peers selected. 6. CISM peer training completed⁷. 7. Relevant staff information completed. 8. Quality management system set. 9. CISM programme implemented. 10. Initial evaluation of programme completed. 11. Feedback provided. 	

⁷ Obtain advice on the number of peers required at and early stage.

Phase 2: Planning

B5 Documentation

Definitions / Remarks	Actual entries
<p>The CISM implementation project is subject to complex documentation requirements. Documents for administration, promotion, information, training, consultation and evaluation shall be developed, and relevant formats defined.</p> <p>A distribution list for all of the documents shall be determined.</p> <p>Following document types will generally be necessary:</p> <p>Doc. for administration</p> <ul style="list-style-type: none"> Minutes Terms of reference with company Agreements with third parties Memos Orders Guidelines Checklists <p>Confidentiality agreements that CISM peers should sign</p> <p>Doc. for promotion & information</p> <ul style="list-style-type: none"> Flyers Magazine articles Newsletters PowerPoint presentations Awareness information <p>Doc. for training</p> <ul style="list-style-type: none"> Manuals PowerPoint presentations CBT documents E-learning programmes Manual for the CISM peers <p>Doc for consultation</p> <ul style="list-style-type: none"> Expert outlines <p>Doc. for evaluation</p> <ul style="list-style-type: none"> Feedback forms <p>Other relevant documentation</p> <ul style="list-style-type: none"> Management manual Safety manual Manual of ATC 	

Phase 2: Planning

B6 Training

Definitions / Remarks	Actual entries
<p>Planning of training for CISM peers and supervisors shall start very early in the project, because it requires many resources, development work, administration and organisation.</p> <p>Following items shall be taken into consideration already in the planning phase of the project:</p> <ol style="list-style-type: none"> 1. Training modules required. 2. General objectives of modules. 3. Rough description of content of modules. 4. Types of training. 5. Mode of delivery and media. 6. Overview about training documentation. 7. Certification. 8. Recruitment and selection of trainers. 9. Planning the train-the-trainers programme. 10. Determination of target groups. 11. Determination of venues. 12. Milestones; timetable for training. 13. Manager training outline, what to do when CISM is required. 14. General travel planning. 15. General personnel planning. 	

Phase 3: Implementation

C1 Communication

Definitions / Remarks	Actual entries
<p>During the implementation phase of the project, communication primarily serves for the exchange of information with persons, organisations or groups, which are involved or otherwise affected by the project.</p> <p>Three main types of communication can be defined:</p> <ol style="list-style-type: none"> 1. International communication for the informal exchange of information, feedback and benchmark. EUROCONTROL: CISM User Groups: Other ANSPs: 2. National communication for the exchange of information and feedback. National ANSPs: Unions: Other staff representatives: Staff: Other CISM target groups: 3. National communication for the formal exchange of information including achievement of formal agreements. General management: Operational management: Regulator: Unions: Other staff representatives: 	

Phase 3: Implementation

C2 Recruitment and selection of CISM peers⁸

Definitions / Remarks	Actual entries
<p>Selection of CISM peers.</p> <p>Selection of CISM peers includes the following activities:</p> <ol style="list-style-type: none"> 1. Define number of persons required. Revise costs and training requirements if necessary. 2. Detailing required skills (perhaps using a task analysis) to describe the required skill profile for the CISM peers. 3. Determination of the selection board (who) and procedures. 4. Description of the organisation and administration of the selection process⁹. 5. Advertisement of functions to be selected. 6. Carrying out the selection. <p>In particular, the following functions have to be carried out in the CISM project:</p> <ol style="list-style-type: none"> 1. National CISM manager. 2. CISM peers. 3. Local CISM coordinators. 4. MHPs. 5. External sources of professional support. 	

⁸ Consideration needs to be given to the selection of a CISM manager.

⁹ There may be different options for the recruitment of CISM personnel, such as voluntary applications, elections, assessment centres, asking suitable persons, etc.

Phase 3: Implementation

C3 Training

Definitions / Remarks	Actual entries
<p>According to this checklist, training has already been thoroughly planned in the planning phase of the project. Now, in the implementation phase training plans shall be developed in detail and the conduct of training shall be organised.</p> <p>In particular the following tasks shall be carried out:</p> <ol style="list-style-type: none"> 1. Define the main, subject and performance objectives of training modules. 2. Define contents of modules. 3. Define modes of delivery and required media. 4. Develop training documentation. 5. Verify target groups. 6. Verify venues. 7. Define ultimate timetable. 8. Determine the trainer(s)¹⁰. 9. Conduct CISM training. 10. Train managers, what to do when CISM is required. 11. Plan recurrent training. 	

¹⁰ Trainers should be able to provide an assurance that they have the requisite skills and experience to provide the CISM training. The ANSPs have to satisfy themselves that a sufficient standard is met.

Phase 4: Maintenance

D1 Communication

Definitions / Remarks	Actual entries
<p>After implementation of the CISM programme, all personnel concerned shall be informed about the actual status and the responsibilities within the current programme.</p> <p>The content of communication should contain information about:</p> <ul style="list-style-type: none"> - the status of the programme, - CISM peers, their contact data and availability, - available documentation and support, - CISM procedures, - CISM interventions (basic statistics only, no personal data or records are disclosed), - latest CISM findings, - benefits of a CISM programme. <p>Possible means of communication are:</p> <ul style="list-style-type: none"> - Web-based publications, - flyers, - posters, - staff magazines, - unit visits by CISM experts, - briefings, - training modules, - emails, - etc. <p>Enter the distribution list:</p> <p style="text-align: center;">Management:</p> <p style="text-align: center;">Professional organisations:</p> <p style="text-align: center;">(Groups of) beneficiaries:</p>	

Phase 4: Maintenance

D2 Training

Definitions / Remarks	Actual entries
<p>CISM peer training, continuation and refresher training shall be planned during the whole maintenance period of a CISM programme according to the actual and local needs.</p> <p>Post-incident CISM peer debriefing shall be conducted in regular time intervals.</p> <p>A training plan (objectives, syllabuses, timetables, modes and media of delivery, venues) for every training event shall be established.</p> <p>Training of new CISM peers:</p> <ul style="list-style-type: none"> - for the replacement of leaving CISM peers leaving the programme; - for expansion of the programme. <p>Continuation training about:</p> <ul style="list-style-type: none"> - developments and current findings about CISM; - findings following the analysis of critical incidents; - findings following benchmark activities; - exchange of CISM peer experiences. <p>Refresher training about:</p> <ul style="list-style-type: none"> - the CISM programme, - intervention methods. <p>Post-incident CISM peer debriefings</p>	

Phase 4: Maintenance

D3 Evaluation of the programme

Definitions / Remarks	Actual entries
<p>A process should be implemented to provide information to evaluate the CISM programme. This evaluation should constitute the basis for quality assurance, improvements and the long-term management of the programme (see also D4).</p> <p>In particular the following items shall be evaluated and integrated into the update process:</p> <ul style="list-style-type: none">- results from formal evaluations of the programme;- results of personnel selection and nomination;- CISM peer performances;- feedback from operational staff;- feedback from administrational services;- latest academic developments;- benchmark experiences;- reports and information received from the CISM User Group.	

Phase 4: Maintenance

D4 Quality Management (QM)

Definitions / Remarks	Actual entries
<p>The active Quality Management (QM) of the CISM programme starts after the implementation; however, it requires complex preparatory activities, which shall at the latest be undertaken parallel to the implementation phase.</p> <p>Following questions are relevant to QM and shall be answered. The answers are subsequently the basis for relevant further action and developments:</p> <ol style="list-style-type: none"> 1. On which data shall the QM decisions be taken? 2. How shall the relevant data be acquired? 3. How shall confidential data be handled with? 4. By which method shall statistical data be evaluated? 5. How shall the current/future programme be evaluated? 6. How shall the evaluation of the programme, after a critical incident, be carried out? 7. How shall own evaluation results be compared with benchmark results? 8. How will CISM peer skills be maintained/monitored? 9. How shall reports be administered, processed and evaluated? <p>At least the following documents and forms will have to be developed:</p> <p style="text-align: center;">Questionnaires</p> <p style="text-align: center;">Reporting forms</p> <p style="text-align: center;">Evaluation result forms</p>	

4. THE CISM PROMOTION AND INFORMATION PROGRAMME

4.1 Introduction

The promotion and information in a CISM programme has to cover three basic phases:

1. Promotion of the CISM programme (including programme setup)
2. Information on CISM the implementation programme
3. Post-programme information aaa

4.2 Promotion phase of the CISM programme including project setup

The first phase in the CISM programme implementation is always the promotion phase. The CISM programme shall be promoted to three target groups:

- the management with the aim of promoting the need of a CISM programme and to obtain support for implementation
- the professional organisations as required (unions, staff representatives, etc.) with the aim of promoting the benefits of a CISM programme and obtain acceptance for the implementation
- every potential beneficiary in the ANSP organisation with the aim of achieving acceptance of the CISM programme

The promotion of CISM to the management and professional organisations is the first task to be accomplished because essential issues like confidentiality, institutional, organisational, and legal issues need to be clarified before the implementation of any CISM programme. A top-down approach, beginning with higher management and working down the organisation is advisable. Both, the management of the ANSP and representatives of professional organisations should first be convinced of the benefit of the CISM programme. Their initial and continuous support is essential for the successful implementation of the programme.

This can be achieved through presentations or workshops, moderated by CISM experts, about the CISM implementation project, provided to the senior management, operations managers, and to representatives of professional organisations. The aims of these presentations are:

- to achieve support and agreement to the implementation of the project
- to clarify the essential issues concerning the implementation of the project
- to initiate the implementation project
- to achieve agreement for the marketing process of the CISM project.

This information shall be issued by CISM experts and shall at least contain¹¹:

- description of the current CISM model
- methods of CISM
- effects of CISM implementation
- financial issues of CISM implementation

¹¹ See Appendix K and the references; Vogt, J., Leonhardt, J. Köper, B. and Pennig, S. (2004), Leonhardt, J. and Vogt, J. (2006) for more information on cost effectiveness and evaluation.

- structure and procedures of the anticipated CISM programme
- risks and benefits of CISM programmes
- experiences with CISM programmes in other organisations
- international CISM projects and cooperation

4.3 Information phase on the CISM implementation project

4.3.1 General

Based on the presentations during the promotion phase and on the findings of the subsequent discussions, the operational management and the potential beneficiaries should now be informed about the CISM programme. Aspects about human factors in incident investigation, the important role of the supervisor and the benefits for staff should be addressed.

The project information shall be provided to three target groups:

1. The operational management and investigators
2. Supervisors
3. Staff and potential CISM beneficiaries

Due to the fact that staffing of operational management and supervisor teams is changing at regular intervals, this information should therefore also be re-provided at regular intervals to keep the awareness of CISM to a certain level.

The information for the operational management and investigators has the general aim to impart fundamental understanding of CISM and the awareness about the impact of a critical incident or the investigation after the critical incident on an affected colleague.

As supervisors are often the first to identify the need of a CISM intervention following a critical incident in their team, they play a pivotal role. Their responsibility is to initiate the appropriate actions after a critical incident occurs. The way supervisors handle the situation can have a significant impact on how the operational staff involved, cope with the event. The provision of support and relevant information as soon as possible after the incident, will help significantly in restoring a sense of control and reduce the emotional impact.

Staff information shall specifically include information about the recruitment process of CISM peers (their role, selection, required personal profiles, tasks, etc). The aims of this information are:

- to receive feedback on the intended CISM programme
- to achieve acceptance
- to create motivation to apply for the role of a CISM peer
- to make transparent the proposed steps and schedule of the CISM project.

4.3.2 Operational management and investigators

Operational management and investigators should be informed about the CISM expectations of their employees and the importance of human factors in incident investigation. Attention must be drawn on the fact that the objectives of management and employees are the same: investigate what caused the incident, how to prevent a similar incident in the future, and re-integration of the persons involved in the incident to resume normal operational duties asap.

4.3.2.1. Methods to achieve this understanding and awareness in managers can include training, briefings or workshops and shall at least contain:

Introduction to CISM	Managers should be able to..... <ul style="list-style-type: none"> • Describe in general the purpose and the aims of CISM • Describe in general the range of application of CISM and its range of possibilities
Critical Incident Stress	Managers should be able to..... <ul style="list-style-type: none"> • Define critical incident stress • Explain what critical incident stress is • Recognise critical incident stress • Know what a manager can do about decreasing critical incident stress
Psychological phenomena caused by crisis and trauma	Managers should be able to..... <ul style="list-style-type: none"> • Explain the basic psychological processes following crisis and trauma • Characterise in general the main and typical psychological reactions to crisis and trauma
Psychological phenomena caused by Incident investigation	Managers should be able to..... <ul style="list-style-type: none"> • Explain the basic psychological processes following an incident investigation • Characterise in general the main and typical psychological reaction by an incident investigation
Crisis and crisis intervention	Managers should be able to..... <ul style="list-style-type: none"> • Define and characterise crisis • Recognise the impairment caused by crisis and an incident investigation • Describe the role of CISM peer • Take appropriate action

4.3.2.2. Methods to achieve this understanding and awareness in investigators can include training, briefings or workshops and shall at least contain:

Introduction to CISM	Investigators should be aware of..... <ul style="list-style-type: none"> • the purpose and the aims of CISM • the range of application of CISM and its range of possibilities
Critical Incident Stress	Investigators should <ul style="list-style-type: none"> • be able to define critical incident stress • be able to explain what critical incident stress is • be aware of what causes critical incident stress Know what a investigator can do about decreasing critical incident stress

Psychological phenomena caused by crisis and trauma	Investigators should be aware to..... <ul style="list-style-type: none">• the basic psychological processes following crisis and trauma• the main and typical psychological reactions to crisis and trauma• Recognise symptoms of critical stress
Psychological phenomena caused by Incident investigation	Investigators should be able to..... <ul style="list-style-type: none">• Explain the basic psychological processes following an incident investigation• Characterise in general the main and typical psychological reaction by an incident investigation
Crisis and crisis intervention	Investigators should be able to..... <ul style="list-style-type: none">• Describe the role of CISM peer• Take appropriate action

4.3.3 Supervisors

Supervisors are first line managers and must be able to recognise the need of a CISM intervention. They will have to take initial care of the person(s) involved by relieving the operational staff from their working position and making sensitive enquiries about how they feel and what they are thinking about the event. Supervisors should listen to what is said and assess the situation, offer and co-ordinate the CISM peer support. They must be made aware of the role of a CISM peer and the benefits of CISM for the persons involved in a critical incident. They must be able to inform the operational about the process of investigation and know what the impact of an investigation can be for an operational.

Methods for assisting supervisors in this task can include a CISM checklist for supervisors (a leaflet with do and don'ts) or a CISM practical booklet for supervisors. In the booklet can be written: the purpose and aim of the CISM program; the definition of a Critical incident; critical incident stress; recognising critical incident stress; potential impact of a critical incident; possible impairment of performance; immediate action required and assistance available. Another method is training or a workshop.

An example of training for supervisors can be found in APPENDIX C p83: Supervisor Training Module.

4.3.4 Staff

This information shall be issued by the members of the project team and shall at least contain:

- description of the current CISM model
- methods of CISM
- purpose, organisation and current status of the project
- project schedule
- role and function of CISM peers
- recruitment and selection of CISM peers

4.4 Post- implementation phase

After implementation of the CISM programme, all personal concerned shall be informed about the actual status and the responsibilities within the current programme. The post-project information shall be provided to three target groups:

1. the management
2. the professional organisations as required (unions, staff representatives, etc.)
3. every potential beneficiary in the ANSP organisation

The aims of this information phase are:

- to inform management and professional organisations about the completion of the implementation project
- to familiarize the staff concerned with the CISM peers, their contact data and availability
- to achieve, that documentation and support procedures are known to the staff concerned.

The choice of methods for the provision of the post-project information is dependant from local requirements and cultural issues. Possibilities are measures like:

- web-based publications
- flyers
- posters,
- staff magazines
- unit visits by CISM experts
- briefings
- training modules
- emails
- etc

This information should be issued by local CISM experts (e.g. the selected CISM peers) and shall at least contain:

- notification procedures following an critical incident
- documentation and support procedures (e.g. confidentiality, operational and regulatory consequences)
- introduction and contact data of local CISM peers
- availability and access to the CISM peers
- the correlation of CISM with the local team structure
- the integration of CISM into the operational safety management

Note: Information after the implementation phase is necessary to keep the awareness of the subject CISM on the appropriate level.

4.3.5 CISM Marketing – sample best practices in ANSPs

Continued marketing of CISM is considered an essential strategy for maintaining the impetus behind a CISM programme. Some ideas on how this may be done include.

General marketing ideas:

- Target management and controllers initially (including supervisors).

- When the CISM is in place extend marketing to give exposure to Ab-initios early-on in their career and OJTIs.

Methods / how?

- Newsletters, flyers, articles in company publications (paper and electronic). One CISM co-ordinator said hand delivery of flyers worked well as he could talk to the individuals concerned. Another larger ANSP provided outline-content for a newsletter to be tailored to the local operational environment.
- Dedicated notice boards that can be locked by CISM administration.
- Use give-aways, free stuff and promotional gimmicks, credit cards with CISM contact numbers.
- Intranet web pages.
- Annual report.
- Posters.
- Use of positive, direct and honest feedback, stories etc.

Who

- CISM team.
- Controllers themselves can provide articles.

4.5 Checklist for CISM programme promotion and information

Phase 1: Promotion and Project Setup	✓	Remarks
Presenters (CISM expert)		
Content of presentations		
Methods and media of presentations		
Venues and dates of presentations		
Determination of target groups		
Invitations		
Phase 2: Project Information		
Content of information		
Methods and media of information		
Determination of target groups		
Invitations		
Authors of information		
Phase 3: Post-project Information		
Content of information		
Methods and media of information		
Determination of target groups		
Invitations		
Authors of information		
Content and delivery of training modules		

5. ROLES OF THE PEOPLE INVOLVED IN A CISM PROGRAMME

5.1 Positioning CISM in the organisation

The location of a CISM programme within the organisation should be carefully considered from the outset. In some organisations it may logically begin in the human resources department, perhaps as a logical extension of an employee assistance programme.

However, experience has shown that CISM programmes often best positioned in the safety and human factors domains.

It is essential that CISM programmes remain separate from investigation and competency processes.

5.2 Roles and Responsibilities

The CISM manager is required to manage the CISM programme and is responsible for all organisational and coordination activities. He will play a central role in the CISM implementation, development and maintenance of the programme.

5.2.1 Role of the national CISM manager

In particular the CISM manager would be responsible for:

- ensuring successful delivery of annual refresher training;
- managing the budget for the maintenance of the CISM programme;
- the continuous review of the operation of the programme;
- the coordination of data collection needed for the evaluation of the CISM system;
- ensuring the provision of statistical reports;
- drafting and circulation of the documents that inform the members of the organisation about CISM, assist with the selection of CISM peers and provide the means for evaluation of the CISM program (see Appendices D to H for details).

In addition the CISM manager would be the contact person for:

- local and general management,
- Mental Health Professional (MHP) support,
- the CISM peers.

The CISM manager should undergo formal CISM peer training, so as to have an in-depth understanding of what is involved in CISM. However, the CISM manager does not necessarily have to be an active CISM peer.

5.2.2 Role of a local CISM coordinator

Operational units should appoint local CISM coordinators. This allows for an efficient and effective communication channel and also provides the CISM peers at each unit with an identified point of contact. The coordinator will be a member of the CISM peer team. The local coordinator will be the first point of contact for the CISM manager.

Typically the local coordinator would be responsible for:

- ensuring that CISM peer contact documents are produced, e.g. procedural for CISM available at supervisors working positions, Intranet, individual contact cards, etc.;
- recruitment, selection and training of local CISM peers.

5.2.3 Role of a CISM peer

The programme is staffed by a group of specially selected and trained CISM peers with backup provided by MHPs. The CISM peers are volunteers who are themselves members of the operational staff.

A CISM peer is responsible for:

- providing immediate crisis intervention,
- providing CISM counselling for the affected colleagues,
- providing, where necessary, information and support to family members,
- organising professional mental health support where necessary.

Ideally a CISM peer should meet the following profile:

- emotionally mature,
- good listener,
- sensitive to the problems of others,
- willing to learn,
- willing to be available to colleagues in their time of need,
- respected and trusted by colleagues,
- understands the importance of confidentiality,
- has a social and empathic capacity,
- experienced in the handling of unusual situations,
- has an adequate operational ATC experience.

A CISM peer should not also be an investigator into the incident nor should they have any similar conflict of interest that might impair their ability to act as an impartial support to the person receiving CISM peer support.

5.2.4 Supervisors

The supervisors are normally the first ones to identify the need of a CISM intervention following a critical incident in their team, and for that they play a pivotal role. The way they handle the situation can have a significant impact on how the operational staff involved cope with the event. The provision of support and relevant information as soon as possible will help significantly in restoring a sense of control and reduce the emotional impact.

The supervisor responsibility is to initiate the appropriate actions after the occurrence of a critical incident, i.e.:

- relieve the ATCO from the working position¹²,
- take initial care of the affected person(s),
- offer and co-ordinate CISM peer support.

Supervisors must be aware of the role of a CISM peer and the benefits of the CISM programme. Supervisor should be able to demonstrate that they know who to contact from the CISM team and how to provide the list of CISM peers to the effected operational staff. They may need to encourage the person to contact a CISM peer. The supervisor should inform the CISM team that an incident has occurred.

Below are some of the methods that can be used for the promotion of the programme within the supervisors:

- CISM binder compiling all information about CISM, names and telephone numbers of team members;
- Service order;
- Unit manual;
- Local intranet;
- EID – electronic information display / IDS – Information Display System;
- Supervisors meetings;
- Supervisors courses;
- CISM checklist for supervisors (see APPENDIX D).
- CISM practical booklet for supervisors (see APPENDIX E).
- Supervisors CISM training – 1 day course (see APPENDIX C).

The supervisor not directly involved in the incident may experience some CIS reactions in themselves due to witnessing the responses of the person primarily effected by the incident. Therefore supervisors need to be aware of their own emotional reactions, recognise CIS reactions in themselves and others in order to act effectively where a CISM intervention is required. To enable supervisors to perform these roles a specific training is required.

5.2.5 Generic task list / quick reference card / checklist for each role

For quick reference purposes, a CISM system requires the circulation of a document which gives the names, location and telephone number of each CISM peer counsellor along with the contact details of the national coordinator.

5.3 Recruitment and Selection or Election of CISM peers

CISM peer selection is achieved by a three phase process, namely:

¹² The rule to follow is to relieve the person involved in the critical incident from their duties for the remainder of that day. Evaluation of their fitness to return to duty should then be made by the person concerned in collaboration with management and appropriate mental health professionals as required.

- Phase 1 – Information on CISM and on the CISM peer selection process.
- Phase 2 – Call for applicants/nominating/election process¹³.
- Phase 3 – Training.

5.3.1 Phase 1 - Information on CISM and on the CISM peer selection process

For this phase of the CISM peer selection process relevant information must be provided to all eligible employees.

This communication should include the following:

- outline information on the CISM programme;
- role description of a CISM peer, profile and commitment requirements;
- information on the CISM peer selection process, together with an application or nomination form;
- the training programme required.

5.3.2 Phase 2 – Call for applicants/nominating/election process

There are three basic options available for CISM peer selection. The choice for your organisation will depend on specific local cultural or social aspects.

- Option 1: management nomination

Applicants will be asked to complete a specifically designed questionnaire. Every applicant will then be invited for an assessment. The assessment board should preferably consist of up to two persons nominated by a steering group and external CISM experts. The Assessment Centre should consist of an interview, a specifically designed group exercise, and the completion of a personality questionnaire.

The selection process described here is designed to identify those applicants whose capabilities best satisfy the profile for the role of a CISM peer.

¹³ The choice of process will depend on local requirements.

- Option 2: election by the staff

Staff will elect CISM peers from a list of applicants.

The election process is designed to identify those applicants who receive the utmost support and trust of the staff.

- Option 3: nomination by staff

Staff will propose CISM peers selected from a staff list of operational staff.

The nomination/election is supplemented by staff interviews designed to ensure that the proposed staff are willing and are aware of their future responsibilities and of the required commitment.

5.3.3 Phase 3 – Training

The main aim of the training phase is to qualify the applicants as CISM peers. A side effect of training is that applicants are also given the opportunity to prove their basic capabilities or to receive guidance from the training staff, because the intensive and personal nature of the initial training module will be such that many underlying personal characteristics will come to light. This will highlight the strengths of the candidates but may also indicate that for some these strengths are not ideal for the role of CISM peer. This may result in a withdrawal of application.

For these ‘unsuccessful’ candidates such training will not be redundant but indeed would be very useful for the individuals in their work and non-work lives. It is recommended that all applicants who are not ultimately selected as CISM peers receive full, individual, face to face and confidential briefing.

While the ultimate objective of the recruitment procedures described above is to have an appropriate number of CISM peers depending on the number or size of the units involved, any pre-designed ideal model should not totally artificially dictate the final selection decisions.

5.4 Application of CISM to Other Groups of Employees within the Organisation

A CISM programme can be applied to a range of categories of employees and their families following a critical incident. Such incidents may be work-related or may be caused by an incident in the employee’s private life. Organisations will need to provide guidelines on when a work-related CISM service, e.g. CISM peer counselling should be used. CISM peers should be made aware of the range of situations they may be asked to support during their training CISM training.

Some organisations might wish to make CISM peers available to outside agencies in the event of disasters and related occurrences. The permission of each CISM peer would have to be obtained for this.

6. TRAINING COURSE FOR CISM PROGRAMMES

6.1 General Description

CISM training should be provided by training providers who have experience in critical incident interventions. Ideally, they will have familiarity and/or knowledge of aviation and ATM environments. It is recommended that you consult both with local and international agencies to determine the types of CISM training most suited to the needs of your organisation. Your organisation should consult with neighbouring ANSPs to learn of their experiences, perhaps with a view to sharing information on models and approaches. This may lead to harmonised approaches to training and CISM in your locality.

It is important that professional organisations with competencies in the area of CISM are consulted.

6.2 Generic Elements in a CISM Peer Training Course

In general, any training course should contain the following elements as a minimum.

Topic
Introduction to CISM, what is it for (aims), what it is and what it is NOT
Clear learning objectives that trainees can identify from the outset
Overview of different approaches for CISM interventions, concentrating on the preferred approach for their organisation
Clear descriptions of methods to be used
Crisis communication techniques
Asking questions safely
The nature of psychological trauma
Stress, negative effects of and symptoms of
Identifying a person on crisis (types of traumatic event likely to lead to crisis; crises in ATM)
Identifying limitations of own counselling abilities and skills
Referral to other agencies/professionals (types and procedures for obtaining

Topic
expert help)
Working with groups, group process, the dynamics of groups
Working with individuals
Supervision, what is it for; what to do when you are stuck; removing oneself from the CISM process; when and why; burnout
Confidentiality
Professionalism
Practical exercises using role-play, actors, applying the methods

APPENDIX C describes in more detail a generic training course that provides guidance on what might be included in training for CISM peer counsellors. This course outline reflects the experience of a number, though not all, ANSPs providing CISM type services in throughout European ATM. The outline describes methods and techniques that have been made available via a number of publishing bodies but have their origins mainly in the United States.

7. QUALITY MANAGEMENT AND EVALUATION OF A CISM PROGRAMME

7.1 Quality Management (QM)

QM serves to:

1. Increase the satisfaction of internal and external clients.
2. Continuously improve performance.

Both targets require feedback loops into all stages of CISM implementation and operation. If for example the feedback of controllers (internal clients) is negative and manifests in high rejection rates of CISM offers, this can be due to poor quality of CISM introduction, inappropriate CISM peer selection and training, or missing management support after implementation. The following chapters provide checklists which aim at preventing quality losses. QM requires extensive data gathering and feedback. The checklists contain key questions on what to look for or provided in your quality system.

In order to enable ANSPs to match a CISM quality management with their existing QM programmes, the following general quality issues are considered. They are (or can easily be made) part of all quality management systems:

1. Quality of structure: The available infrastructure for performing (e.g. qualification of CISM peers, CISM standards, working conditions for CISM peers, management support).
2. Quality of process: The features of the performance process (e.g. selection and training of CISM peers, the quality of their interventions, feedback and monitoring of results).
3. Quality of results: The results of the CISM programme (e.g. reduced sick days, reduced number of critical incidents, increased professionalism and customer satisfaction).

7.1.1 Quality of structure checklist

Commitment of the organisation	<ul style="list-style-type: none"> ▪ Does the top management support the CISM programme implementation? ▪ Are there clear responsibilities for the process? Is a competent CISM manager appointed and provided with the necessary resources?)
Defined standards	<ul style="list-style-type: none"> ▪ Are the ability requirement profiles for CISM peers defined? ▪ Are selection, training and assessment of CISM peers aligned to the profile? ▪ Are there methodological standards for CISM peer selection? <ul style="list-style-type: none"> ○ In case of CISM peer election: Is the election process defined, are the elected CISM peers comprehensively informed and do they have the option for refusal? ○ In case of CISM peer selection: Is the selection process defined, are standard selection methods used (tests, interviews, assessment centres, questionnaires), are the assessors trained? ▪ What support is given for CISM peer training (e.g. release from work, travel expenses)? ▪ Are CISM aim and scope clearly defined and communicated? ▪ Are CISM interventions defined and binding to all CISM peers? ▪ Are confidentiality, documentation and information duties defined for CISM peers and controllers? ▪ Are feedback loops implemented to enable CISM peers and controllers to assess the CISM interventions in order to reveal deficiencies in CISM peer selection, training, behaviour or management support? ▪ Are there processes established to evaluate CISM success which are both, practically feasible and scientifically well-founded?
Competence of CISM peers	<ul style="list-style-type: none"> ▪ Does the CISM peer training teach all necessary abilities and practical skills? ▪ Do the training contents facilitate the defined CISM peer profile? ▪ Identify the CISM peers with the CISM programme? ▪ Are there established feedback loops (CISM peers to CISM manager and controllers to CISM peers and CISM manager) to detect potential deficiencies in the preceding bullets?
Work materials	<ul style="list-style-type: none"> ▪ Are their supporting materials for CISM peers (e.g. CISM

and conditions	intervention checklist)? ▪ Are the spatial and temporal conditions suitable for the CISM intervention (e.g. private room, working time credit)?
-----------------------	--

7.1.2 Quality of process checklist

Standardisation and selection process	<ul style="list-style-type: none"> ▪ Are the controllers comprehensively informed about the CISM programme? ▪ Are the CISM peers selected or elected in a defined process that facilitates the necessary CISM peer abilities? ▪ Is the process objective, reliable and valid in identifying CISM peers with the necessary competences and attitudes?
Training process	<ul style="list-style-type: none"> ▪ Are the CISM peers asked to assess their CISM training? ▪ Do they report relevant learning experiences? ▪ Do they assess trainer, training material, and training infrastructure (training time, facilities, etc.) as suitable?
CISM intervention process	<ul style="list-style-type: none"> ▪ Is the intervention initiation clearly defined and assessed positively? ▪ Are inducement, time and room of the intervention assessed positively? ▪ Report the controllers positively on the CISM peer behaviour during the intervention? ▪ Do the controllers assess the CISM intervention as sufficient and sustainable? ▪ Are the following procedures accepted (where applicable for example information, documentation, reports to supervisors)?
Information and support processes	<ul style="list-style-type: none"> ▪ Are the aims, methods and inducements of CISM interventions sufficiently transparent? ▪ Is the work of the CISM peers supported by supervisors and managers? ▪ Can the CISM peers always feedback to and get support by the CISM manager? ▪ Are there sufficient occasions for CISM peer supervision, exchange of experiences and further education (e.g. CISM conferences)?
Management and cooperation processes	<ul style="list-style-type: none"> ▪ Is the CISM programme systematically controlled and evaluated? ▪ Are data regarding costs and benefits gathered, analysed and presented to the top management (e.g. costs per trained CISM peer, how many CISM interventions following what incidents, sick days after incidents)? ▪ Is the importance of CISM for the organisational performance a topic of top management agendas? ▪ Are all management levels involved in these processes? ▪ Are contacts to other organisations with CISM programmes established and maintained with the aim of exchanging experiences and further developing CISM?

7.1.3 Quality of results checklist

CISM requests	<ul style="list-style-type: none"> ▪ To what extent is CISM support requested? ▪ After what incidents? ▪ Are there provisos?
Effects on controllers	<ul style="list-style-type: none"> ▪ Does the CISM intervention increase the coping competence and stress resistance of controllers? ▪ Does the CISM intervention improve emotional, mental and physical well-being of controllers? ▪ Does the CISM intervention affect controller abilities which are relevant for professional performance? ▪ Does the CISM intervention change controller work behaviour? ▪ Does the CISM intervention tackle a potential performance confinement after critical incident? ▪ Does the CISM intervention accelerate recovery (e.g. reduction of sick days)? ▪ Does the CISM intervention increase individual controller performance?
Effects on ANSP	<ul style="list-style-type: none"> ▪ Does the CISM programme influence stability and quality of the ATC process? ▪ In particular, does the CISM programme improve safety culture? ▪ Does the CISM programme influence costs? ▪ Does the CISM programme support the defined targets of the ANSP? ▪ Does the CISM programme influence the image of the ANSP and client satisfaction? ▪ Are these effects of the CISM programme known at top management level?
Economic success	<ul style="list-style-type: none"> ▪ What economic benefits are due to the CISM programme? ▪ What cost savings can be achieved? ▪ What was invested in the implementation and maintenance of the CISM programme so far? ▪ How stand the investments relative to cost savings and economic benefits? ▪ What return on investment results from this relationship?

7.2 Evaluation

This section provides general guidelines for the evaluation of Critical Incident Stress Management (CISM) Programmes. Best practice evaluation requires on the one hand interdisciplinary, theory-led and methodologically sophisticated work and on the other hand *a priori* definitions of targets and evaluation aims. Although the targets can also be defined after implementation, an evaluation process starts ideally with the planning of an intervention, in this case CISM. Especially in this case the handling of sensitive personal data is critical and is therefore addressed in [Chapter 8](#).

7.2.1 Evaluation as an interdisciplinary field

Evaluation serves as a planning and decision-making tool, for example by allowing to choose between two different educational programmes or to promote unique interventions such as CISM. Evaluation aims at testing programmes for their goal reaching capacity, deciding between different alternatives and improving measures continuously. Goal reaching and efficiency evaluation are always regarded in relation to the overall aim of the intervention. Therefore, it is not fulfilled by scientific methodology alone. After all, the aim that serves as a decisive criterion for the whole process is chosen subjectively - mostly by the initiators of the evaluation.

The different expectations of the programme's outcome in the view of all parties involved have to be considered. The CISM programme of the Deutsche Flugsicherung (DFS), for example; in the view of ATCOs and CISM peers it is considered to have learning effects, offer professional feedback and improve the safety culture. The management, on the other hand, will most likely be interested in whether the benefits afforded by CISM promoted the company's success and thus were worthwhile financially. Further details of the DFS cost benefit considerations and recommendations for CISM are provided in Appendix K.

7.2.2 Definition of targets

Evaluation can only be successful if targets have been defined and are continuously discussed thereafter. However, the targets can also be defined ex-post. [Table 1](#) suggests how this process can be conducted (steps 1-5) and how it feeds into an evaluation later (steps 6-8).

Table 1: Steps in identifying and weighting targets for evaluation purposes

Step	Issue	Description
1	Analysis of programme target	What does CISM aim at? The targets lead to the relevant criteria for quantitative design (see step 3).
2	Weighting of targets	Which of the targets is assessed the most important (e.g. safety, health, social, economic targets)? - This is a subjective estimation and depends on the strategic targets of the whole organisation.
3	Definition of criteria for quantitative design	What might be useful quantitative criteria for target achievement? – The most difficult challenge is to find the complete catalogue of criteria which should ideally be independent from each other.
4	Weighting of the quantitative criteria	Which criteria are more important, which less? – Estimate the importance and express it by weighting the criteria in percentages. Please note, that all quantitative criteria of one target can not exceed the estimated percentage value of the target as a whole.
5	Achievement of targets	In how far does CISM support target fulfilment? Estimate on a 0-10 scale.
6	Calculation of benefit points	Calculate the benefit points (product of steps 4 and 5) for CISM provided by different alternative ways. Note that these benefits points are NOT an objective value for the different alternatives. They rather reflect the process of decision-making. Hence they are not more (and not less) than a picture of a detailed and transparent process of experts benefit estimation.
7	Consideration of costs	Reflect a complete catalogue of all costs related to CISM options and estimate a total cost amount. <u>Examples for costs</u> <ul style="list-style-type: none"> ○ Costs of requirement analysis (e.g. external experts) ○ Lost working hours ○ Costs for research and development ○ Costs for planning and execution of CISM (own staff) ○ Costs for use of equipment and facilities ○ Capital investment in new equipment and facilities
8	Discussion	Discuss the decision for one option considering the costs and the benefits.

7.2.3 Evaluation model, design and procedure

The evaluation should follow a theory-led approach; on the basis of the selected evaluation model, the evaluation instruments should be designed. You may require help in designing such an evaluation. Local universities represent useful sources of this expertise.

Any evaluation research should use rigorous sampling techniques. The nature of the evaluation being undertaken, the demographics of the employees and their distribution throughout the organisation need to be carefully considered. The important thing is to get a representative sample of participants providing CISM feedback information. This should include people who have received CISM support and those who have not for comparison purposes. The evaluation should also consider the feedback from those receiving CISM and the benefits or otherwise for this group.

7.2.4 Evaluation tools and procedure

Consideration needs to be given to the tools used to collect the research data. Questionnaires may represent a convenient way of doing this but structured interviewing may be used to add depth to the quality of this data.

Since the CISM peers are usually elected and ATCOs rely on their integrity, it is recommended that CISM peers are used to collect data. They can be asked to distribute questionnaires among the ATCOs. Moreover, they themselves can give valuable evaluation information especially on the utility of the CISM qualification courses, the management support and supervision.

7.2.5 Making use of feedback

Feedback can come from a variety of sources both formal (see Appendix G) and informal and can be either positive or negative.

In all cases feedback should be handled in a sensitive and cautious way respecting the personal integrity of the source.

Positive feedback may be used to provide marketing messages whilst negative feedback should be used to improve the programme.

Page intentionally left blank

8. HANDLING OF SENSITIVE DATA

8.1 National Regulations

Many European countries have guidelines or laws for the handling of sensitive personal data.

The objectives of these acts are to implement, in the processing of personal data, the protection of basic rights of privacy. These have to be balanced with organisational and/or public interests for example fitness to work, social welfare and research. The data protection acts promote the development of and compliance with good processing practice.

Most of the national laws contain similar rules and assign data protection authorities, on the organisational, county, state or federal level, for further guidance.

They usually have the right of access and inspection. Moreover, they may decide if the data subject's or public interests override one of the general rules described here. It is recommended to consult these authorities in the process of CISM evaluation.

The following definitions and recommendations are taken from a translation of the personal data act 523/1999, Finland, and are related to CISM in this case.

8.2 General Rules

Most countries have legislation that controls the gathering, storing and processing of personal data. You are advised to contact your legal department on this issue as variation in data protection legislation exists in the various ECAC States. Generally the following may be seen to apply:

- **Processing of personal data for special purposes:** Processing of personal data in the context of CISM evaluation are necessary for the purposes of air traffic safety, preventive medicine, medical diagnosis, the provision of care or treatment or the management of health care services. When the data are processed by health professionals, they are subject to the obligation of professional secrecy. If the data are processed by non-medical professions, a commitment to data security should be obtained in writing (see secrecy obligation). CISM evaluation personal data may be processed also for the purpose of scientific research which cannot be carried out without data identifying the person. In this case, however, the consent of the data subjects should be obtained and/or the data should be processed anonymously i.e. without reference to names, dates of birth or other data that disclose the data subject's identity.

- **Duty of care:** The controller (here: data processing controller), shall process personal data lawfully and carefully, in compliance with good processing practice, in order to protect the data subject's privacy and at the same time promote public interests. The personal data processed must be necessary for the defined purpose (necessity requirement) and the controller shall see to that no erroneous, incomplete or obsolete data are processed (accuracy requirement). For CISM evaluation consideration should be given to the rules outlined here, the national regulations, as well as the involved national data protection authorities.
- **Defined purpose of processing:** The purpose of the processing of personal data, the regular sources of personal data and the regular recipients of recorded personal data shall be defined. In the case of CISM evaluation the purpose can be defined as monitoring the success and improving a health programme that aims at preventing harm to the data subject as well as other peoples' health and well-being.
- **Exclusivity of purpose:** Personal data must not be used for other than the predefined purposes.
- **Prerequisites for personal data processing:** Personal data shall be processed only if the data subject has unambiguously consented to the same; processing is necessary in order to protect the vital interests of the data subject; the data subject is connected to the controller as for example employee or client (connection requirement); if there is a research or other public interest like in the case of CISM the maintenance of air traffic safety.
- **Anonymity:** A personal, anonymous code may be used. This allows to allocate data, for example in a within subject research design of repeated measurements to one and the same data subject. Moreover, the code which should be known only to the data subject, facilitates the access to the own data.
- **Data subject's rights:** The subject must be informed about the processing of data and given access to the own data at the presentation of the anonymous code. The access can be restricted in order to protect public order or security, the health of the data subject, the rights of someone else or the scientific research purposes. Information can be held back only for good reason, for example if the communication of the data may significantly influence follow-up data in a scientific study.
- **Data security and storage of personal data:** The controller shall carry out the technical and organisational measures necessary for securing personal data against unauthorised access, against accidental or unlawful destruction, manipulation, disclosure and transfer, and against other unlawful processing.
- **Secrecy obligation:** Anyone who has gained knowledge of the personal data shall not disclose the data to a third person unless legally necessary. The controller and all other people involved in the data processing should sign a commitment to the principles described here.

- **Destruction of a personal data file:** If a personal data file is no longer necessary, it should be destroyed, unless specific provisions have been issued on the continued storage of the data. The latter can be the case for research purposes which usually store data for ten years in order to facilitate re-analyses and replication studies.

Page intentionally left blank

9. CHECKLIST AND SUMMARY FOR CISM IMPLEMENTATION

The following list summarises the key points of the previous chapters. It can be used as a checklist to ensure that the main issues for a successful CISM implementation have been covered.

Item Description	Number
1. Decision made to introduce a CISM programme	
2. Evaluation accepted as interdisciplinary planning and decision process	
3. CISM manager was assigned who is responsible for the following steps	
4. Monitoring of costs established as a continuous process	
a. Material that will be used up	
b. Personnel that will be involved	
c. Amortisation for example of intangible assets	
d. Contracts with other enterprises involved in the process (e.g. external consultants)	
e. Governmental costs (fees, taxes, social insurances)	
f. Capital costs (e.g. interests for invested capital)	
g. Calculation of costs per unit (e.g. per selected and qualified CISM peer, per ATCO, etc.)	
5. All relevant departments within the organisation are informed and involved (HR, safety management, finance, controlling, etc.)	
6. Expectation and target identification started and conceived as a continuous process	
7. Basic requirements (e.g. CISM peer vs. MHP concept, internal vs. external offer) discussed and defined	
8. Decision made which CISM model to use	
9. Decision made how to facilitate CISM (e.g. cooperation partners, qualification process)	
10. Information campaign started and conceived as a continuous process	
a. Management	
b. Supervisors	
c. Operations	
11. CISM peer selection started and conceived as a continuous process	
a. Election process communicated	
b. CISM peers informed about task	
c. CISM peers acceptance obtained	

Item Description	Number
d. Sufficient number of CISM peers achieved (five for each centre, two for each tower), if not, restart CISM peer recruitment	
12. CISM peer qualification established as a continuous process	
a. Group	
b. Individual	
c. Advanced	
13. CISM peer supervision established as a continuous process	
a. Internal supervisor qualified or external supervisor identified	
b. Supervision possible at any time	
c. Annual CISM peer debriefings	
d. Annual meeting of all CISM peers	
14. International cooperation established as a continuous process	
a. Contact established with EUROCONTROL	
b. Contact established with other ANSPs using CISM	
c. Contact established with ICISF	
d. Conferences (e.g. World Congress on Stress, Coma, and Trauma) attended by CISM manager or CISM peers	
15. Quality management (QM) and evaluation	
a. National data protection authority involved	
b. Good practice of handling sensitive data agreed upon	
c. People involved in data handling signed data protection act	
d. Qualitative and quantitative indicators of target achievement defined	
e. Control group identified or evaluation conceived as within-subject design	
f. Consent of data subjects obtained or anonymous processing ensured	
g. Baseline measurements taken	
h. Monitoring of target indicators started and established as a continuous process	
i. Questionnaire surveys with ATCOs started and established as a continuous process	
j. Interview feedback of CISM peers started and established as a continuous process	
k. Data analysis started and established as a continuous process	
l. Continuous improvement of the CISM programme according to the lessons learned	

BIBLIOGRAPHY AND REFERENCES

American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. 4th Edition. Washington D.C.

Angenendt, A. (2003). Safety and security from the air traffic control services (ATCS) point of view. In J. Vogt & M. Kastner (Guest Editors), *Interfaces in air traffic organisation*, Special Issue of the *Journal of Human Factors and Aerospace Safety*, 3(3), 207-209.

Bengel J & Koch U (1988) Evaluationsforschung im Gesundheitswesen. In: Koch U, Lucius-Hoene G & Stegie R (Hrsg.) (1988) *Handbuch der Rehabilitationspsychologie*. Heidelberg. Springer. S. 321-347.

Boudreau, J.W. & Ramstad, P.M. (2003). Strategic industrial and organisational psychology and the role of utility analysis models (pp. 193-221). In W.C. Borman, D.R. Ilgen & R.J. Klimoski (Eds.), *Handbook of Psychology*, Vol. 12, Industrial and Organisational Psychology. New York: John Wiley and Sons.

Brähler, E. & Scheer, J.W. (1983). Der Gießener Beschwerdefragebogen (GBB). Stuttgart, Wien: Hans Huber.

Deuchert, I. & Eißfeld, H. (1998). Potenzialanalyse in der Flugsicherung. In M. Kleinmann & B. Strauß (Hrsg.), *Potenzialfeststellung und Personalentwicklung*. Göttingen: *Verlag für Angewandte Psychologie*.

EUROCONTROL (1996). EATCHIP Human Resources Team. *Human Factors Module: Stress*. HUM.ET1.ST13.2000-REP-01. Edition 1.0. Released Issue. Brussels.

EUROCONTROL (1997). EATCHIP Human Resources Team, *Human Factors Module: Critical Incident Stress Management*. HUM.ET1.ST13.3000-REP-01. Edition 1.0. Released Issue. Brussels:

Everly, G.S. & Mitchell, J.T. (1997). *Critical Incident Stress Management – CIS/M*. Ellicott City, MD, USA: Chevron Publishing.

Everly, G.S. (1999). A primer on Critical Incident Stress Management: What's really in a name. *International Journal of Emergency Mental Health*, 1, 76-78.

Everly, G.S. (2000). Five principles of crisis intervention: Reducing the risk of premature crisis intervention. *International Journal of Emergency Mental Health*, 2(1), 1-4.

Fields, J.M. et al. (2001). Standardized general-purpose noise reaction questions for community noise surveys: research and a recommendation, *Journal of Sound and Vibration*, 242(4), 641-679.

Flannery, R.B. Jr. (1998). *The Assaulted Staff Action programme (ASAP): Coping with the psychological aftermath of violence*. Ellicott City, MD, USA: Chevron Publishing Corporation.

Fleishman, E. A. & Reilly, M. E. (1992). *Handbook of human abilities – definitions, measurements and job task requirements*. Palo Alto: Consulting Psychologists Press.

Franklin, J. L. & Trasher, J. H. (1976). *An introduction to programme evaluation*. New York: Wiley.

Kirkpatrick, D. (1994). *Evaluating training programmes: The four levels*. San Francisco: Barrett-Koehler.

Kirwan, Rodgers and Schaefer (2004). *Human Factors Impacts in Air Traffic Management*. Aldershot, Burlington, Singapore, Sydney, ISBN 0 7546 3502 3.

Köper, B. (2001). *Neue Anforderungen und Beanspruchung in der Flugsicherung durch moderne technische Systeme*. Dissertation: Universität Dortmund. (<http://eldorado.uni-dortmund.de:8088/FB14/lg3/forschung/2001koepfer>)

Leonhardt, J., Publication within Kirwan, Rodgers and Schaefer (2004). *Human Factors Impacts in Air Traffic Management: Implementation of Critical Incident Stress Management at German Air Navigation Services*.

Mitchell, J.T. & Everly, G.S. (1997). *Critical Incident Stress Management: A new era and standard of care in crisis intervention*. Ellicott City, MD, USA: Chevron Publishing.

Mitchell, J.T. & Everly, G.S. (2001). *Critical Incident Stress Debriefing: An Operations Manual for CISD, Defusing and Other Group Crisis Intervention Services*, 3rd Ed. Ellicott City, MD, USA: Chevron Publishing.

Pennig, S., Leonhardt, J. & Maziul, M. (2004). Cost-benefit-analysis by the means of the HR-Performance-Model. Annual EAAP Conference, Sesimbra, Portugal.

Phillips, J.J. (1996). Measuring ROI: The 5th level of evaluation. *Technical and Skills Training*, April, 1996.

Wottawa, H. & Thierau, H. (1998). Evaluation. Göttingen: Huber.

GLOSSARY

For the purposes of this document, the following definitions shall apply.

Briefing:	A large group process to provide practical and often anxiety-reducing information to large groups of people who have been exposed to traumatic events.
CISM coordinator:	Allows for an efficient and effective communication channel and also provides the CISM peers at each centre with an identified point of contact. He/she will be a member of the CISM peer supporter team. The local coordinator will be the first point of contact for the national coordinator.
CISM manager:	Manages the CISM programme and is responsible for all the behind-the-scene activities.
CISM peer:	Member of operational staff whose role in the CISM system is to: <ul style="list-style-type: none">○ provide immediate short-term help in the aftermath of an incident or accident (SAFER-R Model),○ provide CISM counselling for the affected colleagues (defusing),○ provide, where necessary, information and support to family members, and○ organise, where necessary, professional mental health support.
Consent:	Any voluntary, detailed and conscious expression of will, whereby the data subject approves the processing of his/her personal data.
Controller:	A person, corporation, institution or foundation, or a number of them, for the use of whom a personal data file is set up and who is entitled to determine the use of the file (in order to prevent confusion, the acronym 'ATCO' is used throughout the document for 'Air Traffic Controller').
Crisis:	A temporary disruption of psychological balance wherein usual coping mechanisms fail.
Crisis intervention:	Is focussing on the acute crisis and not on historical events; it is one part in a spectrum of care.

Crisis Management Briefing (CMB):	Briefing in large groups performed immediately after the incident/mission; this briefing serves the purpose of providing information about critical incident stress reactions and their consequences, and about available support.
Critical incident:	Any situation that causes a person to experience unusually strong stress reactions that the person perceives as disturbing or disabling.
Critical Incident Stress (CIS)	The psychological and physical reactions, and the behavioural changes which a person experiences after a critical incident. These reactions are normal reactions to an abnormal event.
Critical Incident Stress debriefing:	The former term for 'debriefing'.
Critical Incident Stress defusing:	Structured discussions in groups performed by CISM peers or MHPs up to 24 hours after the incident or mission.
Critical Incident Stress Management (CISM):	A comprehensive and systematic programme for the handling of critical incident stress. It requires special training.
	Measures following a critical incident to reduce critical incident stress reactions, to normalise the unusual experience and reaction, to reactivate the cognitive functions and processes affected by the incident and to regain the ability to work.
Data subject:	The person to whom the personal data pertains.
Debriefing:	A seven-phase crisis intervention method used for group crisis intervention. Structured discussions in groups performed by MHPs between 72 hours and four weeks after the incident/mission. Formerly called 'Critical Incident Stress Debriefing (CISD)'.
Defusing:	A crisis intervention method for small groups (less than ten). It should be applied on the same day, provided by a trained team (CISM peers and/or MHPs) and last no longer than one hour.
Demobilisation:	Quick informational and rest sessions applied when a group of professionals have been released from service after a major incident. Among other purposes, it serves as a screening opportunity to assure that individuals who need assistance are identified after the traumatic event.

Individual crisis intervention:	Structured (individual) discussions with qualified CISM peers or MHPs on site, or immediately after the incident or mission.
International Critical Incident Stress Foundation (ICISF):	An organisation that develops and promotes CISM approaches and techniques.
Mental Health Professional (MHP):	Internal or external expert in mental health, psychology or psychotherapy, trained in CISM methods and crisis intervention.
CISM peer:	A selected or elected colleague trained and educated in CISM methods.
Personal data:	Any information on a private individual and his/her personal characteristics or personal circumstances, where these are identifiable as concerning him/her or the members of his/her family or household.
Personal data file:	A set of personal data connected by a common use and processed fully or partially automatically or sorted into a card index, directory or other manually accessible form so that the data pertaining to a given person can be retrieved easily and at reasonable cost.
Post-traumatic stress:	Sometimes used interchangeably with the term 'Critical Incident Stress'.
Post-Traumatic Stress Disorder (PTSD):	A pathogenic version of post-traumatic stress, where symptoms are enduring and disabling
Preventive teaching and training measures:	Training courses for managers, members of staff, colleagues and relatives of the above-mentioned professional groups or organisations
Processing of personal data:	The collection, recording, organisation, use, transfer, disclosure, storage, manipulation, combination, protection, deletion and erasure of personal data, as well as other measures directed at personal data

SAFER-R Model:

Special method for individual crisis intervention:

- **Stabilize** the situation and reduce stressors.
- **Acknowledge** the crisis, ask about the facts and the individual stress reactions.
- **Facilitate**, help to understand what the reactions are and normalize the reactions.
- **Encourage** adaptive coping strategies and methods.
- **Recover** the person to come back to his/her normal functions or
-
- **Refer** to an internal or external MHP if necessary.

Supervisors:

It is their responsibility to recognize individual critical incident stress reactions and to initiate appropriate actions, as relieve the ATCO from his/her working position, take initial care of the affected person(s), offer and coordinate CISM peer support.

Support by the family/organisation:

Counselling and/or training for relatives and organisations of particularly affected professional groups. Counselling for relatives/organisations after a critical incident has occurred.

Target groups:

All persons who have responsibilities, make decisions, shall be informed about the CISM project or are beneficiaries.

Trustee:

A person, corporation, institution or foundation that processes personal data on behalf of the controller and in trust of the data subject to ensure anonymity and integrity.

ABBREVIATIONS AND ACRONYMS

For the purposes of this document the following abbreviations and/or acronyms shall apply:

ANS	Air Navigation Services
ANSP	Air Navigation Services Provider
ATC	Air Traffic Control
ATCO	Air Traffic Controller
ATM	Air Traffic Management
CEO	Chief Executive Officer
CIS	Critical Incident Stress
CISD	Critical Incident Stress Debriefing
CISM	Critical Incident Stress Management
CMB	Crisis Management Briefing
DAP	Directorate ATM Programmes (<i>EUROCONTROL, SD</i>)
DAS/HUM	Directorate ATM Strategies, Human Factors Management Division (<i>EUROCONTROL, SD</i>)
DFS	Deutsche Flugsicherung (<i>Germany</i>)
DSM	Diagnostic and Statistical Manual of Mental Disorders (<i>American Psychiatric Association</i>)
EATCHIP	European Air Traffic Control Harmonisation and Integration Programme (<i>in 1999 changed to 'EATMP' and since May 2003 known as 'EATM'</i>)
EATM(P)	European Air Traffic Management (Programme) (<i>formerly known as 'EATCHIP'</i>)
ECIP	European Convergence and Implementation Programme
HRT	Human Resources Team (<i>EATCHIP, EATM(P)</i>)
IAA	Irish Aviation Authority

ICISF	International Critical Incident Stress Foundation
LGS	Latvijas Gaisa Satiksme (<i>Latvia</i>)
MHP	Mental Health Professional
PTSD	Post-Traumatic Stress Disorder
QM	Quality Management

CONTRIBUTORS

<u>NAME</u>	<u>ORGANISATION</u>
BARBARINO Manfred	EUROCONTROL
BARTLETT Roger	EUROCONTROL
CAMBRAIA Isabel	Navegaçao Aerea de Portugal (NAV Portugal)
DIENER Gerhard	Deutsche Flugsicherung GmbH (DFS)
LEONHARDT Jörg	Deutsche Flugsicherung GmbH (DFS)
MC GRATH Kevin	Irish Aviation Authority (IAA)
MERZ Wolfgang	Deutsche Flugsicherung GmbH (DFS)
PATTERSON Ian	EUROCONTROL
ROMELE Mara	Latvian Air Navigation Service (LGS)
VOGT Joachim	University of Copenhagen
CISM User Group	

Document configuration

HELLINCKX Carine (<i>external contractor</i>)	EUROCONTROL
--	-------------

Page intentionally left blank

APPENDICES

Page intentionally left blank

APPENDIX A - CISM INTERVENTION METHODS AND THEIR APPLICATION

A1. Introduction

This section describes some of the CISM intervention methods and their application after a critical incident. There are benefits for ANSPs in developing common approaches and terminology so that information and resources can be shared. This does not mean that people should use the same mother language, but they shall understand the same terms to mean the same things when referring to crisis intervention.

The CISM approach used described here is based on the CISM model of the International Critical Incident Stress Foundation (CISF). These methods have been used by a variety of different organisations which have CISM programmes installed and have been applied by a number of European ANSPs, e.g. NAV Portugal, Irish Aviation Authority, DFS Germany, Skyguide Switzerland, LGS Latvia, Naviair Denmark and ENAV Italy¹⁴.

A2. Description of the Intervention Methods and their Application

CISM is not a single method; it is a model with different components for crisis intervention. A CISM programme should be comprehensive and systematic; it should be done by trained CISM peers and Mental Health Professionals (MHPs). There should also be a network outside the organisation established for the referral of individuals who require additional support (e.g. medical doctors, psychologists, MHPs from other ANSP).

Important note: The people from the outside network should know about the CISM programme, should be trained in CISM, and ideally should be integrated into the organisation and in contact at least with the MHP of the organisation.

All the methods described below are crisis intervention methods following the CISM model to be done by trained CISM peers within the organisation. All interventions aim for two goals:

- to reduce the critical incident stress reaction,
- to bring the person involved back to his/her normal level of functioning and abilities.

(a) Pre-incident education and information

This is an integral part of a CISM model. It should be carried out as the first step in the CISM implementation project. It is described in [Chapter 4](#), 'CISM Promotion and Information Programme'.

¹⁴ Details regarding the CISM intervention methods can be found in the literature, see [Bibliography](#).

(b) Individual crisis intervention

Most of the crisis interventions are done face to face or one to one. Individual crisis intervention is the main intervention method used by the CISM peers. It is applied directly after the incident and done by a trained CISM peer. One method is called **SAFER-R Model**:

Stabilize the situation and reduce stressors

Acknowledge the crisis; ask about the facts and the individual stress reactions

Facilitate, help to understand what the reactions are and normalize the reactions

Encourage adaptive coping strategies and methods

Recover the person to resume his/her normal functions or

-

Refer to an internal or external MHP if necessary

Some CISM practitioners suggest that if the CISM peer is available on the scene in due time, in most of the cases there is no need for further interventions, provided he/she has skills in applying the SAFER-R method. It is necessary to achieve effective cooperation and communication between the watch-supervisor, the CISM peer and the involved person, based on the principles of the internal CISM policy and procedures. It is evident that watch supervisors and CISM peers will require CISM training that is tailored to the roles they will play in the CISM process.

(c) Group crisis intervention

If there is more than one person affected by the incident the intervention is rather group focussed. For group crisis intervention, we can identify two categories of involved people:

1. directly involved, eye witness or close to the incident.
2. people who are from the same company, know the people involved or need more information.

Important note: It is important that a group is made up of people who have had a similar level of exposure to the incident. One should avoid amalgamating different groups, because there is a danger that, with mixed groups, individuals may suffer as a result of hearing from another individual's experience, which is more distressing or different to their own experience.

The group crisis intervention methods are all following certain principles, which are:

- group should be homogenous,
- process follows a predetermined structure,
- no replace for psychotherapy,
- everyone speaks for oneself,
- no note, no record, strictly confidential,
- no critique on other persons, organisations or procedures,
- it is not a investigation,
- everyone should stay in the room till the process is finished,
- no hierarchies,
- the intervention is done by trained persons (CISM peer and/or MHP).

The group crisis intervention methods for the first group of people involved are **defusing** and **debriefing**.

(d) Defusing

Defusing is a crisis intervention method for small groups (less than ten). It should preferably be applied on the same day, provided by a trained team (CISM peer and/or MHP) lasting not longer than one hour. The defusing follows three phases:

1. Introduction (introduction of the team, explanations of the process, stress confidentiality and motivation of the participants).
2. Exploration (questions about the event, people describing and sharing their experience, assessing need for more help).
3. Information (summarization of the descriptions of the people, normalization of the stress reactions, teaching stress coping methods and offering additional help (e.g. one to one, telephone contact numbers)).

The goals of the defusing are to:

- reduce stress and tension,
- accelerate a return to normal function,
- identify individuals who may need further assistance,
- prepare the participants to accept further services if they are required.

If a defusing is missed, or if it is impossible to provide it due to circumstances beyond the control of the CISM team, then the efforts to provide the defusing should be abandoned and the team should prepare to provide a Critical Incident Stress Debriefing CISD when appropriate.

When a defusing is not provided, for whatever reason, CISM team members should attempt to contact individuals to see if they are doing okay. Provide one-on-one support services until the CISD can be set up.

Statement by Jeffrey T. Mitchell in a CISM seminar (2002)

(e) Debriefing

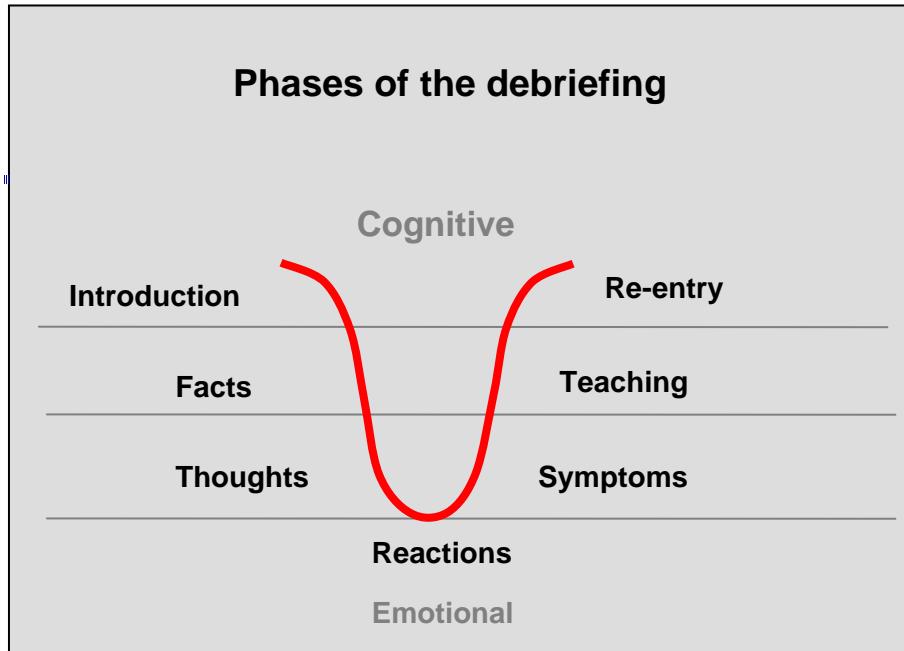
Debriefing was the first crisis intervention method developed by Mitchell and his colleagues. For this reason debriefing is often confused with, and used interchangeably and incorrectly with, the term CISM, which actually consists of a range of methods.

After further development of the CISM model, debriefing is now one particular method in the whole CISM programme. It refers to a structured, seven-phase, group-crisis intervention method originally named Critical Incident Stress Debriefing (CISD). Debriefing is used for groups (twenty people) three-five days after the incident. It is done by a MHP and trained CISM peers. The process is MHP led and CISM peer driven. It is neither a critique nor an investigation. The people in the group should have experienced equal exposure to the incident. It is a structured phase model, starting on the cognitive level, continuing to the emotional level, and ending on the cognitive level again. The provided structure follows the normal neurobiological recovery processes after critical incident stress reactions.

The goals of debriefing are to:

- reduce the stress reactions,
- accelerate normal recovery processes,
- identify people who need additional support,
- bring people back to their normal functions.

The seven phases of the debriefing:



(P1) Introduction Introduce the CISM team and describe the process of the debriefing. Lay out the ground rules and motivates participants to talk about their experience.

(P2) Fact The fact phase goes around the circle and asks “Who are you?” “What was your role in the event?”

(P3) Thought Asking about thoughts, unusual or discomforting thoughts.

(P4) Reaction The reaction phase is the emotional part of the debriefing. “What was the worst for you?”

(P5) Symptom Asking about symptoms or changes in behaviour. The symptom phase is the step back from the emotional level to the cognitive level.

(P6) Teaching Teaching is an active phase for the CISM peers. Say something about stress management techniques, summarize and normalize the description of the participants during the debriefing.

(P7) Re-entry Summarize, thank the participants, close the session. What are the next steps? Things to do?

When offering a debriefing, good preparation in advance is necessary. The following prerequisites should be met:

- the team shall allocate enough time to get the relevant information, to prepare it and to look for a homogenous group;
- the organisation shall be aware about the process, it shall offer convenient time for the debriefing;
- the participants shall be relieved from duty;
- an “after-debriefing” come-together shall be arranged;
- an appropriate number of CISM peers shall be available – one CISM peer for every five-seven participants.

(f) Large group crisis interventions

There are two additional methods for large group crisis interventions.

(g) Crisis Management Briefing (CMB)

CMB is a large group process to provide practical and often anxiety reducing information to large groups of people who have been exposed to traumatic events. Such events can be:

- mass disasters,
- natural disasters,
- workplace traumatic events,
- school crisis.

The CMB is done by a representative of the organisation, a MHP and a CISM peer, the duration is about 30-45 minutes. The CMB provides information about the event, the facts, teaching and information about critical incident stress, the CISM programme and the CISM peers available.

The group should be homogenous; it should take place in a safe environment. The goals are to reduce rumours, to engender group cohesion and to facilitate follow-up care.

The Crisis Management Briefing (CMB) is a semi-active process. That means that there may be a brief question and answer period involving group members or a brief discussion of the traumatic experience.

Statement by Jeffrey T. Mitchell in a CISM seminar, 2002

(h) Demobilization

The demobilization is designed for large groups. It is not often used since it is reserved for large scale disasters. Nevertheless it is a part of the CISM programme and it could be helpful in a situation when an accident happened and people need information.

The demobilization should provide information about the disaster and about stress reactions and the CISM peers' availabilities. It should provide a break before people are returning home and it is an opportunity to identify people who need more support.

Demobilization is used to out-process large numbers of operations personnel after their first exposure to a major disaster during the first twenty-four hours of the disaster operations when chaos and fatigue are considerable factors.

Statement by Jeffrey T. Mitchell in a CISM seminar, 2002

(i) Family support

In the list of the crisis intervention methods there is also one for family members. This so-called family support is an important part of the CISM programme. It can occur that the person involved in the incident spreads his or her intense feelings to family members, or that changes in their behaviour cause problems at home. Family member may not know how to react and talk to the person in crisis, specifically when these reactions have never been observed before. Family support should be provided by persons trained specifically for this role. Seek the advice of a local MHP to implement this.

(j) Post-incident CISM peer debriefing

After all, do not forget your peers. They are often involved in situations, which are not "normal" for them. They need the opportunity to talk about their experience as a CISM peer. If there is no standard of care for the CISM peers they may end up in a situation where they get difficulties to recover from all what they have heard and seen.

Post-incident CISM peer debriefings shall be an integral part of the CISM programme. CISM peers should use the post-incident CISM peer debriefing whenever they want to, and there should be regularly CISM peer debriefings and mandatory debriefings after big events / accidents.

The CISM peer debriefing or supervision can be done by an internal MHP, or also by external services.

Page intentionally left blank

APPENDIX B - CHECKLIST OF CRISIS INTERVENTION METHODS USED WITHIN CISM PROGRAMMES

Time	Target group	Intervention method	Done by	Preparation
Directly after the incident	Individuals	SAFER-R	CISM peer	Inform CISM peer, special room, enough time, if more than one individual involved maybe more CISM peers are needed
12h-24 h after the incident	Small group	Defusing	CISM peers	Special room, enough time, homogenous groups
Three-five days after the incident	Small group - large group	Debriefing	MHP + CISM peers	Special room, homogenous group, enough time, team preparation
Directly - five days or more	Individuals	Referral	Internal or external MHP	If more need is identified, organisation of contact to MHP
Directly after incident	Large group, not directly involved	CMB	Representative of organisation, MHP, CISM peer	Sample all information, make an crisis intervention plan, offer more if needed
Directly after incident	Large group, following a large-scale incident	Demobilization	MHP + CISM peer	Information is prepared, hotlines and other offers are available
After the crisis intervention	Family members	Family support	MHP + CISM peer	Support for family members, time, preparation, location and length of visit

Conclusions

CISM is therefore more than one single intervention method; it is a comprehensive programme with different methods for different situations.

The challenge in crisis intervention is not only developing tactical skills in the core intervention competencies, but it is in knowing when to best strategically employ the most appropriate intervention for the situation.

Mitchell and Everly, 2002

Page intentionally left blank

APPENDIX C - EXAMPLE OF A COURSE FOR THE TRAINING OF CISM PEERS

C1. Introduction

This course outline reflects the experience of a number, though not all, ANSPs providing CISM type services throughout European ATM. The outline describes methods and techniques that have been made available via a number of publishing bodies but have their origins mainly in the United States.

C2. Course Modules for the Training of CISM Peers and Supervisors

The initial training of CISM peers consists of the three course modules:

1. Basic 1: Individual crisis intervention and CISM peer support.
2. Basic 2: Group crisis intervention.
3. Advanced group crisis intervention.

It is strongly recommended that learners should participate in the course modules in this order and that there shall be a timely interval of one to 1.5 years between Basic 1 and Basic 2, and approximately two years after Basic 2.

Additional training will be necessary for supervisors and as refresher training during the maintenance of the programme.

C3. Prerequisite

Learners shall have been nominated as future CISM peers.

C4. General Course Objectives

The general aim of the course is to impart fundamental knowledge, skills and behaviour to enable learners to contribute to CISM and CISM peer support in the form of individual and group crisis intervention. Learners will be able to moderate the impact of CIS and to speed up the return to the pre-incident functioning.

C5. Instructional Mode of Delivery and Media

The course is delivered in form of classroom lessons, including group discussions, expert demonstrations, films and role-play exercises.

C6. Basic 1: Individual Crisis Intervention and CISM peer Support

(a) Course module duration

Minimum required: eighteen lessons of one hour.

Proposed course duration: 3.5 days.

(b) General course module objective

The general aim of this course module is to impart fundamental knowledge, skills and behaviour to enable learners to perform CISM and CISM peer support in the form of individual crisis intervention.

Learners will understand the nature of stress, crises and traumatic events, and will be able to explain the special requirements in ATC-related incident stress management.

In a role-play exercise learners shall be able to apply the skills required for the individual support in form of a one-to-one crisis intervention.

(c) Subjects, objectives and topics

Introduction	<p>Learners should be able to...</p> <ul style="list-style-type: none"> ▪ describe the training programme that they will follow, ▪ describe in general their future role as CISM peers. <ul style="list-style-type: none"> - Course management - Introduction to the course and course overview - Security requirements during the course
Introduction to CISM	<p>Learners should be able to...</p> <ul style="list-style-type: none"> ▪ describe in general the purpose and the aims of CISM; ▪ list the core components of crisis intervention; ▪ to name the origin, sources of knowledge and experiences in the field of CISM; ▪ describe in general the range of application of CISM and its range of possibilities. <ul style="list-style-type: none"> - CISM as a response to acute mental health of persons in crisis - The ten CISM components - The history of CISM, research and references - CISM services in relation to the crisis spectrum
The CISM timeline	<p>Learners should be able to ...</p> <ul style="list-style-type: none"> ▪ explain the concept of early intervention; ▪ allocate the core intervention components across the timeline of crisis phases.

Crisis communication techniques	<p>Learners should be able to ...</p> <ul style="list-style-type: none"> ▪ characterise the different crisis communication techniques and types. <ul style="list-style-type: none"> - Basic communication techniques and their specific purposes - Para communication techniques - Mirror communication techniques
Questioning	<p>Learners should be able to...</p> <ul style="list-style-type: none"> ▪ characterise the different forms of question, their purpose and their effect on communication. <ul style="list-style-type: none"> - Directive and non-directive questions - Open-end and closed-end questions - Action directives - The 'Diamond Structure'
Psychological phenomena caused by crisis and trauma	<p>Learners should be able to...</p> <ul style="list-style-type: none"> ▪ explain the basic psychological processes following crisis and trauma; ▪ characterise in general the thirteen main and typical psychological reactions to crisis and trauma.
Stress	<p>Learners should be able to...</p> <ul style="list-style-type: none"> ▪ define stress, ▪ describe the nature and different appearances of stress, ▪ explain the benefits of stress management programmes. <ul style="list-style-type: none"> - Definition of stress - General stress - Cumulative stress - Critical Incident Stress (CIS) - Post-Traumatic Stress Disorder (PTSD) - Benefits of stress management programmes
Crisis and crisis intervention	<p>Learners should be able to...</p> <ul style="list-style-type: none"> ▪ define and characterise crisis; ▪ recognise the impairment caused by crisis; ▪ describe the methods and the five main goals of crisis intervention; ▪ describe the role and nature of crisis intervention. <ul style="list-style-type: none"> - Definition of crisis - Characteristics of crisis: disrupted homeostasis, mechanism fail, impairment - Definition and description of crisis intervention - Main goals of crisis intervention: stabilisation, mitigation, mobilisation, normalisation, restoration - Description of prevention-oriented intervention - Fundamental principals of crisis intervention

Traumatic events	<p>Learners should be able to...</p> <ul style="list-style-type: none"> ▪ list the ten most severe traumatic events which are likely to cause critical incident stress. - The "Terrible Ten"
CISM for ATCOs	<p>Learners should be able to...</p> <ul style="list-style-type: none"> ▪ characterize the specific critical incidents in ATC, ▪ describe the core intervention methods of CISM. <ul style="list-style-type: none"> - Pre-incident education and preparation - One-to-one intervention - Demobilisation - Briefing and debriefing - Defusing - Third party support - Consultations - Pastoral crisis intervention - Follow-up actions
Referrals	<p>Learners shall be able to ...</p> <ul style="list-style-type: none"> ▪ recognize the limitation of CISM peer intervention, ▪ identify when and to whom to refer a case, ▪ support the transition to MHP.
Role-play exercise: individual support	<p>Learners should be able to...</p> <ul style="list-style-type: none"> ▪ apply CISM and communication techniques in form of a simulated one-to-one intervention.

Note: The training should include a set of exercises and activities of the participants.

C7. Basic 2: Group Crisis Intervention

(a) Course module duration

Minimum required: eighteen lessons of one hour.
Proposed course duration: 3.5 days.

(b) General course module objective

The general aim of this course module is to impart fundamental knowledge, skills and behaviour to enable learners to perform CISM in the form of group crisis intervention.

Learners will understand the group processes which will occur after a critical incident or a traumatic event.

In a role-play or simulation, learners shall be able to apply the skills required for the group support in form of briefings, debriefings and other group intervention techniques.

(c) Subjects, objectives and topics

Introduction	<p>Learners should be able to...</p> <ul style="list-style-type: none"> ▪ describe the training programme that they will follow; ▪ describe in general their future role in the performance of group crisis intervention. <ul style="list-style-type: none"> - Course management - Introduction to the course and course overview - Security requirements during the course
Review of course module Basic 1	<p>Learners should be able to...</p> <ul style="list-style-type: none"> ▪ describe the most important aspects of course module Basic 1
Group processes	<p>Learners should be able to...</p> <ul style="list-style-type: none"> ▪ characterise and compare the most important group processes following a critical incident or traumatic event. <ul style="list-style-type: none"> - Demobilisation - Crisis Management Briefing (CMB) - Defusing - Critical Incident Stress Debriefing (CISD)
Simulation exercise: group support	<p>Learners should be able to...</p> <ul style="list-style-type: none"> ▪ apply critical CISM techniques in simulated group crisis scenarios with various group sizes, including briefings and debriefings.

C8. Advanced Group Crisis Intervention

(a) Course module duration

Minimum required: eighteen lessons of one hour.
Proposed course duration: 3.5 days.

(b) General course module objective

The general aim of this course module is to impart advanced conceptual understanding of CISM as a comprehensive and multi-component system of crisis intervention.

Learners will be able to perform enhanced practical applications within the scope of CISM for small and large group intervention as well as for mass disaster crisis intervention.

In a role-play learners shall be able to apply the skills required for the advanced crisis management form of briefings, debriefings and other group intervention techniques.

(c) Subjects, objectives and topics

Introduction	Learners should be able to... <ul style="list-style-type: none">▪ describe the training programme that they will follow;▪ describe in general their future role in the performance of group crisis intervention.<ul style="list-style-type: none">- Course management- Introduction to the course and course overview- Security requirements during the course
Review of course module Basics 1 and 2	Learners should be able to... <ul style="list-style-type: none">▪ describe the most important aspects of course module Basics 1 and 2.
Crisis and trauma with view to public health	Learners should be able to... <ul style="list-style-type: none">▪ understand the reasons and the increasing prevalence of worldwide crisis and trauma consequences with regard to the public health.
Terms and concepts of crisis intervention	Learners should be able to... <ul style="list-style-type: none">▪ analyse the complex system of CISM and the relationships between the core CISM components and their application on the typical and ideal crisis intervention timeline.<ul style="list-style-type: none">- The intervention timeline- The different CISM components

Mechanisms of action	Learners should be able to... <ul style="list-style-type: none"> ▪ analyse the mechanisms of successful crisis intervention, ▪ describe the most important intervention concepts, ▪ differentiate between crisis intervention and psychotherapy.
CISD	Learners should be able to... <ul style="list-style-type: none"> ▪ describe the effect of group debriefings on the normalisation of a crisis experience; ▪ consider the positive and negative results of group debriefings; ▪ describe the impact of good leadership during group debriefings and the importance of building trust and authority. <ul style="list-style-type: none"> - The purpose of debriefing groups - The phases of CISD - Positive and negative experiences in groups - Leadership - Group processes
Simulation exercise	Learners should be able to... <ul style="list-style-type: none"> ▪ apply advanced group crisis intervention and successfully lead and moderate group debriefings.
Strategic planning	Learners should be able to... <ul style="list-style-type: none"> ▪ develop a strategic crisis intervention plan for handling CISM in case of mass disasters. <ul style="list-style-type: none"> - Time - Target - Type - Resources

C9. Refresher training for CISM peers and CISM staff

The aim of refresher training is to ensure that CISM peer counsellors (other CISM staff) are retaining a sufficient level of skill.

There are no agreed recommendations on the frequency or duration of refresher training though in order to keep momentum and enthusiasm it is suggested that a workshop be held at least once a year lasting one or two days. This is likely to be most beneficial if it is held off-site so that the sole focus of the two days is CISM, without the everyday distractions of the work environment.

Ideally refresher training would include a review of current skills, advanced skills training and some sharing of CISM experiences. The workshops may involve the use of CISM professionals from industries other than ATM; fire, health or Universities and other approved counselling providers / agencies. Such external agency input can be useful in helping to maintain a sufficiently high level of currency on evolving techniques and best practices. Such expertise is likely to be outside of the skill set of the in-house (the organisation's) CISM team.

Cross agency workshops can also be considered where several ANSPs work together to undergo joint training (provided by an external provider or, internally by the ANSPs that have the required expertise) the cost of which can be then shared. Additionally, cross agency working whereby the CISM peers share experience can be useful learning experience and also a way of maintaining standards. It is also possible that organisations can act as informal auditors of each others programmes though this has to be handled sensitively and through the appropriate channels.

C10. Supervisor Training Module

(a) Course module duration

Minimum required: eight lessons of one hour.
Proposed course duration: one day.

(b) General course module objective

The general aim of this course module is to impart fundamental understanding of CISM and to enable supervisors to perform their specific role in case of any necessary CISM intervention.

Learners will be able to identify when a crisis intervention shall be initiated.

(c) Subject, objectives and topics

Introduction	Learners should be able to... <ul style="list-style-type: none">▪ describe the training programme that they will follow;▪ describe in general their future role in the performance of group crisis intervention.<ul style="list-style-type: none">- Course management- Introduction to the course and course overview- Security requirements during the course
Introduction to CISM	Learners should be able to... <ul style="list-style-type: none">▪ describe in general the purpose and the aims of CISM;▪ list the core components of crisis intervention;▪ name the origin, sources of knowledge and experiences in the field of CISM;▪ describe in general the range of application of CISM and its range of possibilities.<ul style="list-style-type: none">- CISM as a response to acute mental health of persons in crisis- The ten CISM components- The history of CISM, research and references- CISM services in relation to the crisis spectrum

The CISM timeline

Learners should be able to ...

- **explain the concept of early intervention;**
- **allocate the core intervention components across the timeline of crisis phases.**

Crisis communication techniques	<p>Learners should be able to ...</p> <ul style="list-style-type: none"> ▪ characterise the basic crisis communication techniques and types. <ul style="list-style-type: none"> - Basic communication techniques and their specific purposes.
Psychological phenomena caused by crisis and trauma	<p>Learners should be able to...</p> <ul style="list-style-type: none"> ▪ explain the basic psychological processes following crisis and trauma; ▪ characterise in general the main and typical psychological reactions to crisis and trauma.
Stress	<p>Learners should be able to...</p> <ul style="list-style-type: none"> ▪ define stress, ▪ describe the nature and different appearances of stress. <ul style="list-style-type: none"> - Definition of stress - General stress - Cumulative stress - Critical incident stress (CIS) - Post-Traumatic Stress Disorder (PTSD)
Crisis and crisis intervention	<p>Learners should be able to...</p> <ul style="list-style-type: none"> ▪ define and characterise crisis, ▪ recognise the impairment caused by crisis, ▪ describe the role and nature of crisis intervention. <ul style="list-style-type: none"> - Definition of crisis - Characteristics of crisis: disrupted homeostasis, mechanism fail, impairment - Definition and description of crisis intervention - Main goals of crisis intervention: stabilisation, mitigation, mobilisation, normalisation, restoration - Description of prevention-oriented intervention - Fundamental principals of crisis intervention
CISM for ATCOs	<p>Learners should be able to...</p> <ul style="list-style-type: none"> ▪ characterize the specific critical incidents in ATC, ▪ describe the core intervention methods of CISM.
Role-play exercise: individual support	<p>Learners should be able to...</p> <ul style="list-style-type: none"> ▪ identify the need for an intervention initiation; ▪ initiate first measures of a crisis intervention and organise CISM peer support.

Page intentionally left blank

APPENDIX D - EXAMPLE OF A CISM CHECKLIST SUPERVISORS:

Example of a CISM CHECKLIST for Supervisors could be printed in both sides of a small card:

What to remember following a Critical Incident:

1. **RELIEVE** the operational from the working position;
2. **TAKE** initial **CARE**: inquire about how they feel, listen what they have to say and assess the situation;
3. **OFFER** and **COORDINATE** peer support: encourage them to contact the CISM Team or take the initiative to contact the CISM team, inform and provide the Peers contact card or list.

DO:

Observe
Consult
Offer
Encourage
Refer

DO NOT:

Diagnose
Judge
Moralize
Accuse
Minimize

Page intentionally left blank

APPENDIX E - EXAMPLE OF A CISM BOOKLET FOR SUPERVISORS:

1. Purpose and the aim of the CISM programme

It started with the question how we should take care of controllers after critical incidents and how these controllers could be looked after in an effective manner. Critical Incident Stress Management – CISM – was the approach, developed by Dr. Jeffrey Mitchell, which has been adopted by the aviation industry to assist personnel following critical incidents. ATM is no exception and increasing formal programmes to manage stress following an incident are being implemented.

CISM is an integrated and comprehensive multi-component programme with the aim to provide assistance and support to those involved in a critical incident. It contains several strategies including pre-incident education, a number of different intervention techniques, family support, follow up and referral services.

The goals of CISM interventions are: stabilisation, symptom reduction, and return to adaptive functioning or facilitation of access to continued care.

2. Definition of a Critical Incident

A critical incident is any situation that causes an unusually strong stress reaction that a person perceives as disturbing or disabling. In this context it is important to point out that the reaction towards a critical incident does not only depend on the incident itself but also on the physical and mental condition of the affected person. The stress reactions experienced may confuse him/her, due to the unfamiliarity of the reactions and because he/she is not able to apply the necessary coping strategies. His/her professional self-image and personal system of values may be severely challenged. However, not all serious incidents are necessarily traumatising; the reaction of different individuals to the same event depends on a number of factors. For example, the personal situation of the individual affected, from a physical, mental and social point of view, and his/her individual appraisal and assessment of the situation.

3. Critical Incident Stress

The stress which we experience when we are exposed to a critical incident is called “critical incident stress”. Our stress reactions to critical incidents are essentially normal reactions to a sudden, unexpected, or frightening event which is outside the range of our normal life experience. Normally, we recover quite easily from experiences of this kind. However, sometimes the impact of these events on us is so great that we have difficulty getting over them. For people working in air navigation services this is most likely to arise from situations where there is a human life risk (e.g. loss of separation or threatened loss of separation). In situations like this you may begin to question yourself or lose confidence in your professional expertise.

4. Potential Psychological Impact of a Critical Incident

It is now known that events where one experiences harm or a threat of harm to oneself or others can lead to traumatic stress reactions. This is especially so if one is in a position of responsibility for the safety of those injured or threatened or is an immediate witness of the situation.

As mentioned before, stress reactions to critical incidents are essentially the normal reactions of normal people to sudden, unexpected frightening events. The immediate reactions are usually those of acute fear and emotional shock. However, when these subside they are often followed by some or all of the following groups of symptoms:

- Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
- Recurrent distressing dreams of the event.
- Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated).
- Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- Physiological reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma).
- Persistent symptoms of increasing arousal (not present before the trauma).

If these symptoms persist they can give rise to significant psychological/emotional problems.

5. Possible Impairment of Performance

Because of the potential psychological impact of a critical incident, outlined above, some of the following impairments in job performance may occur in the immediate aftermath of the incident.

The staff member may:

- Suffer a serious blow to his sense of professional confidence and belief in his own competence - this may result in a lack of decisiveness;
- Have decreased attention and concentration which will reduce the amount of incoming data/information that they can comfortably process;
- Have a lower level of alertness and as a consequence may not pick up as many cues as normal convey to pilots etc. (through, for example, the tone, pitch and rhythm of their voice) a lack of calm, clarity and authority;
- Have a slower reaction time and a reduction in their ability to make on the spot judgements.

6. Recognizing CIS

Some of the external signs and symptoms may include any of the following manifestations of critical incident stress:

- Nausea/vomiting
- Fainting
- Shaking, trembling
- Difficulty breathing
- Dizziness/weakness
- Decreased co-ordination
- Rapid heart rate
- Muscle tremors
- Visual difficulties
- Profuse sweating
- Confusion
- Memory loss
- Difficulty making decisions
- Placing blame
- Fear/anxiety
- Panic
- Denial
- Irritability/agitation
- Anger
- Emotional outbursts
- Resentment
- Increased alcohol consumption
- Increased smoking
- Change in speech patterns
- Continuously making self-blame statements (even if totally groundless)
- Conveying a sense of hopelessness or helplessness - "the future is black"
- Constantly fidgeting or wringing their hands
- An inability to sit still, restlessness, pacing up and down
- Expressing a strong desire to leave the site and "never to return"
- Definite efforts to avoid all contact with work colleagues
- Crying

7. Immediate Recommended Action

The actions of the supervisor in the aftermath of a critical incident can have a significant impact on how staff involved cope both immediately and in the longer term. Following a critical incident, those involved commonly experience a sense of loss of control either of themselves or of events around them. This is a major stress. The provision of sympathetic support and relevant information as rapidly as possible will help significantly in restoring a sense of control and reduce the emotional impact.

The following immediate steps are recommended:

- As soon as possible, consider "standing down" the staff member for a break.
- If possible, during the break check on the staff member - specifically asking, "How are you feeling?"
- Listen to what the staff member has to say in a non-judgemental way - avoid criticism and the expression of any angry feelings you may have. Equally, avoid minimising the incident.
- Consider the CISM programme as a benefit to the staff member and encourage him/her to make contact with a CISM peer supporter - emphasise its confidential nature (see Confidentiality paragraph below).
- Inform the staff member of the list of names and contacts of the CISM team.
- If necessary make the contact for them.
- Re-assure other staff that their colleague is being looked after.

8. Range of Assistance Available

The CISM programme provides a group of selected trained CISM peer supporters. These volunteers have agreed to be available outside their normal shift duty hours if necessary.

The CISM peer supporters always has a mental health professional as a back up, when ever needed.

9. Confidentiality

Probably the most crucial aspect of CISM peer support is maintaining confidentiality. The success of a programme rests heavily not only on the maintenance of confidentiality but also on perceptions of it. So the rule of confidentiality is applicable to all CISM activities and the entire team must respect it.

CISM peers are restricted from revealing the content of what is discussed during an intervention and there is no official record kept that may cause the identification of the staff using the CISM programme. As a supervisor, it is important that you understand and respect this undertaking.

Page intentionally left blank

APPENDIX F - SAMPLE TEMPLATES FOR INFORMATION AND SELECTION OF CISM PEERS

What is Stress?

Stress is a normal and inevitable part of life. We need to adjust, adapt and change to a wide range of demands, or stressors, that are placed upon us (e.g. at work, home and in our social lives).

Dealing with all of these demands in our lives is accomplished by means of our individual "coping strategies". When these are working reasonably well we are in a physically, emotionally and psychologically comfortable "steady state".

When the demands placed upon us exceed our ability to cope we become "stressed out".

Stress is a good thing in that it keeps us alert, creative and enjoying the "buzz" of life. However, like all good things, we can have too much of it. So there is a balance to be maintained – a critical incident can upset that balance.

What is Critical Incident Stress?

In psychological terms, a critical incident is any event which is sufficiently stressful that it threatens to overwhelm our usually effective coping strategies. The stress which we experience when we are exposed to a critical incident is called "critical incident stress".

Our stress reactions to critical incidents are essentially normal reactions to a sudden, unexpected, or frightening incident which is outside the range of our normal life experience.

Normally, we recover quite readily from experiences of this kind. However, sometimes the impact of these events on us is so great that we have difficulty getting over them.

For people working in air navigation services this is most likely to arise from situations where there is a risk to, or loss of, life (e.g. loss of separation or threatened loss of separation). In

situations like this you may begin to question yourself or lose confidence in your professional expertise.

Symptoms of Critical Incident Stress

Some of the symptoms that you might experience in the days and weeks following a critical incident include:

- intrusive and disturbing recollections of the event (e.g. you can't stop thinking about it even though you want to)
- avoidance of reminders of the event which is often accompanied by emotional numbing or withdrawal (e.g. you have difficulty returning to work because of fear or anxiety)
- increased levels of arousal (e.g. jumpiness, sleeping difficulty, poor concentration or a feeling of being "cut off" from others).

The critical incident stress management system has been designed to help prevent the development of critical incident stress.

The Authority's Critical Incident Stress Management System

In line with best practice in air navigation organisations the IAA has now established a critical incident stress management (CISM) system specifically for operational staff who may experience distress as a result of a critical incident in the work-place.

The system is staffed by a group of specially selected and trained CISM peer supporters with backup provided by mental health professionals. The peer supporters are volunteers who are themselves operational staff.

How the CISM system can help

If you were involved in a distressing critical incident at work the CISM system aims to:

- minimise the impact of the stress involved on you;
- support you in coping with the aftermath of the incident;
- accelerate your recovery to normal as quickly as possible.

When to access the service

If you are involved in a critical you are strongly encouraged to access the service immediately – within hours if possible. The service will be of greatest benefit to you the earlier you use it but it is there for you anyway whenever you chose to avail of it.

How to access the service

You can access the service simply by telephoning a CISM peer supporter of your choice provided he/she was not on duty with you at the time of the incident.

CISM peer supporters have undertaken to be available outside they're working hours should the need arise.

From the list, you will see that there is a number of CISM peer supporters available at each of the Authority's operational sites. You can choose one of these or, if you prefer, somebody from another site.

Confidentiality

This is a confidential support service for you. It is provided by staff for staff and supported by the Authority. The IAA will not seek to know what has passed between you and your CISM peer supporter.

You can discuss any concerns which you may have about confidentiality with your CISM peer supporter at any time.

Page intentionally left blank

APPENDIX G - USER EVALUATION OF CISM

During the past year you had occasion to make use of the CISM system and of me as a CISM peer supporter.

All of us involved in the CISM system are anxious to insure that the service is both effective and as user-friendly as possible. To achieve this we need your feedback.

I enclose a short questionnaire which I would ask you to complete anonymously and return, as soon as possible, in the attached stamped addressed envelope, to Joe Kelly, the national CISM coordinator.

The information which you are asked for will not identify you and, in addition, Joe will treat your completed questionnaire in strict confidence. The information which you give will be combined with that from other users of the service to tell us how the service has worked for staff and help us plan any further developments which may be necessary.

There is, of course, no obligation on you to complete the questionnaire but I would emphasise how important your feedback will be in helping to shape the development of the system.

Thank you for your help.

Best wishes,

CISM Peer Supporter

Critical Incident Stress Management System

User Evaluation (2000)

This is a questionnaire for completion by staff who have used the CISM system during the year 2000. The questionnaire has been given to you by your CISM peer supporter who is the only person within the system who knows that you have made use of it during the year. Please complete the questionnaire anonymously and return it in the attached stamped addressed envelope to Joe Kelly, National CISM System Coordinator, to reach him no later than 30th November 2000. Your responses will be treated in strict confidence.

For each question please circle the number for your chosen response:

A. How did you hear about the CISM service?

1. IAA news.
2. CISM information leaflet.
3. Notice board.
4. Team briefing.
5. Friend/colleagues.
6. Line manager/supervisor.
7. Other (please specify): _____

B. Before contacting your CISM peer supporter did you feel you:

1. Had enough information to make an informed choice.
2. Would have liked more information to help you to make your decision to use the service.

If (2): What would have helped?

C. Did you find the choice of CISM peer supporters available to you:

1. Adequate.
2. Too narrow/limiting.

If 2: Have you any suggestions for improvement?

D. How easy was it to access your CISM peer supporter?

1. Reasonably easy.
2. Difficult.

If (2): How could ease of access be improved?

E. How quickly was your CISM peer supporter able to respond to your request for assistance?

1. As quickly as I needed.
2. Should have been quicker.

If 2: What was the cause of the delay?

F. How would you rate the venue(s) for your meeting(s) with your CISM peer supporter?

1. Very satisfactory.
2. Adequate.
3. Less than adequate.

If 3: What improvements could be made?

G. Did your CISM peer supporter have enough time available for you?

1. More than sufficient.
2. Just about right.
3. Too little.

If 3: Were there any particular reasons for the problem?

H. Did your CISM peer supporter listen to your problem?

1. Very well.
2. Adequately.
3. Poorly.

If 3: What seemed to be the problem?

I. How helpful was/were the session(s) with your CISM peer supporter?

1. Very helpful.
2. Useful.
3. A waste of time.

If 1 Or 2: In what way(s) did they help?

If 3: Why?

J. Were you happy with the degree of confidentiality provided for you by the CISM system and your CISM peer supporter?

1. Very happy.
2. Acceptable.
3. Unhappy.

If 3: Why?

K. If you had a similar problem in the future would you use the CISM system again?

1. Definitely.
2. Maybe.
3. No.

If 3: Why not?

L. If you had a similar problem in the future and you decided to use the CISM system again, would you use the same CISM peer supporter?

1. Definitely.
2. Maybe.
3. No.

If 3: Why not?

M. Would you recommend the system to a friend whom you believed was in need of it?

1. Definitely.
2. Yes – with reservations.
3. No.

If 2 or 3: Why?

N. Are there any other comments/suggestions which you would like to make about the CISM system?

Thank you for taking the time and trouble to complete this questionnaire. The CISM system is funded by the IAA but provided by staff for staff. It is committed to developing and maintaining best practice standards. Your feedback is part of that process.

Page intentionally left blank

APPENDIX H - INSTRUCTIONS FOR CISM PEER SUPPORTERS ON THE USE OF THE USER EVALUATION QUESTIONNAIRE

Feedback from users of the CISM system is a very valuable way of obtaining essential information to assist in the monitoring and development of the system. A User Evaluation Questionnaire has been specially developed for this purpose. CISM peer supporters are the only people who know the identities of clients or users of the system and accordingly I am asking for your help in getting the questionnaire to your "clients".

With this instruction sheet you will receive a quantity of:

1. Letter addressed to the "client" which you should sign as the "client's" CISM peer supporter.
2. The User Evaluation (2000) Questionnaire.
3. Stamped addressed envelopes for direct return by "clients" of the completed questionnaire to me.

In order to preserve confidentiality, "clients" complete the questionnaire anonymously. In addition, since the "client" posts the completed questionnaire back directly to me I do not know the identity of his/her CISM peer supporter.

Please hand a copy of the letter (duly signed by you) together with a copy of the questionnaire and a stamped addressed envelope to each of the "clients" with whom you have worked since the CISM system went 'live' in December 1999 in time for him/her to complete and return the questionnaire to me by 30th November 2000.

You should emphasise to the "client" that he/she is not obliged to complete the questionnaire but that it will be of great assistance if they decide to do so. If you have any further questions about the procedure please do not hesitate to contact me at 0819-546 0989.

With thanks for your help,

Joe Bloggs,
National Coordinator,
CISM System.

Page intentionally left blank

APPENDIX I - CISM PEER NOMINATION FORM

Nomination Form

Full Name _____

Grade _____

Work Address _____

I wish to nominate myself for the consideration for selection and training as a volunteer Peer Supporter for the new Critical Incident Stress Management System

Signed _____

Date _____

I wish to nominate the above named person for the consideration for selection and training as a volunteer Peer Supporter for the new Critical Incident Stress Management System. I have obtained his/her consent to this nomination

Signed _____

Date _____

Completed nomination forms should be returned to:

Mr. X
CISM Implementation Group
X Address.

Page intentionally left blank

APPENDIX J - CHIEF EXECUTIVE'S STATEMENT

I warmly welcome the introduction of the Authority's *Critical Incident Stress Management (CISM)* scheme. It is designed to benefit staff engaged on operational duties in the Air Navigation Services (ANS) Directorate. The scheme was developed through consultation with psychology experts and was initiated following a recommendation from the Air Accident Investigation Unit of the Department of Public Enterprise.

The scheme conforms with EUROCONTROL CISM guidelines. It is designed to address the problems of any trauma that could result from exposure to critical incident stress occurring in the course of an employee's work. Under the scheme, a panel of trained **CISM peer supporters** will provide rapid front-line support and assistance to colleagues who wish to avail of the service. Ongoing training and refresher courses will be given to the CISM peer supporters and professional backup support, in the form of mental health specialists, will be available at all times.

It is gratifying to note that the CISM scheme has the full backing of all the trade unions and staff representative bodies in the organisation. The scheme provides support without prejudice to security of employment or career prospects of ANSP staff.

It will be run by staff for staff and will operate in a totally confidential manner.

B. B. Boss
Chief Executive

Page intentionally left blank

APPENDIX K – COST BENEFIT CONSIDERATIONS AND CISM RECOMMENDATIONS ARISING FROM DFS STUDY

In 2004, a pilot study (Vogt et al., 2004) was reported which investigated the implementation of the Critical Incident Stress Management (CISM) Programme with the German Air Traffic Control Services (Deutsche Flugsicherung, DFS) under cost-benefit-considerations. The main study was meanwhile also published (Vogt et al., 2007) and it describes how CISM is used in ATC and what the specific requirements in this application area are. The main DFS CISM evaluation study is based upon 352 questionnaires from air traffic controllers (ATCOs; among them 43 CISM peers), 39 interviews with operations room supervisors, and 11 interviews with top managers. The collected data confirm the results of the pilot study in that the programme's estimated fiscal benefits had exceeded the programme costs several times. Moreover, the study gave information about the causal chains of critical incidents (CI) impairing certain important ATCO abilities, on-the-job behaviours, and work outputs, which in turn reduce the capacity of the individual ATCO and the whole system. The immediate application of CISM in combination with time off for the rest of the work day resulted in the lowest after-effects of the CI at work.

The following recommendations are given on the basis of these results:

1. The standard procedure for the handling of CIs should be: The ATCO is immediately relieved for CISM peer consultation. The rest of the current day of the shift is spent free or at least not in operations.
2. ATCOs, CISM peers, and supervisors should be aware of the CI induced performance and process losses and the support CISM facilitates in overcoming these.
3. Operative leaders (*Operational Managers*) (supervisors, chiefs of sections) should be supported in their professional response to CIs which includes immediate CISM and facilitates the regeneration of performance on the individual level and maintains productivity and punctuality on the process and strategic level.
4. Top managers must be informed about the strategic impact of human factors programmes in general and of CISM in particular.
5. CISM peers should receive refresher courses on a regular basis and participate in annual CISM peer conferences to support them in maintaining the good quality of their work.
6. The different human factors, human resources, and training initiatives in an organization should be coordinated and harmonized because they interact. Three levels should be considered and linked more closely together:
 1. self management on the individual level
 2. operative leadership on the process level
 3. strategic steering on the strategic levelThese 'levels' are further elaborated in Leonhardt, J. and Vogt, J. (Eds.) (2006).
7. The DFS CISM Programme evaluation study provides a useful starting point and reference for organisations wishing to evaluate their CISM programme in

terms of the economic benefits to the organisations and can improve standardization, quality enhancement and development of human factors, human resources, and training initiatives related to such programmes (Vogt, Leonhardt & Pennig, 2007; Leonhardt, J. and Vogt, J. (Eds.), 2006).

Further Reading:

Leonhardt, J. and Vogt, J. (Eds.) (2006), "Critical Incident Stress Management CISM in Aviation, Ashgate Publishing Company, Aldershot, UK.

Riedle, R. (2006), "Importance of CISM in Modern Air Traffic Management (ATM) (pp 5-11)", In J. Leonhardt and J. Vogt (Eds.) *Critical Incident Stress Management CISM in Aviation*, Ashgate Publishing Company, Aldershot, UK.

Vogt, J., Leonhardt, J. Köper, B. and Pennig, S. (2004), "Economic evaluation of the Critical Incident Stress Management Program," *The International Journal of Emergency Mental Health*, 6(4), 185-196.

Vogt, J., Leonhardt, J. and Pennig, S. (2007), "Critical Incident Stress Management in Air Traffic Control and its Benefits," *Air Traffic Control Quarterly*, 15(2), pp 127-156, ISBN-10: 0754647382, ISBN-13: 978-0754647386.



EUROCONTROL

© 2008 The European Organisation for the Safety of Air Navigation (EUROCONTROL)

ISBN nr: 978-2-87497-014-6

This document is published by EUROCONTROL for information purposes. It may be copied in whole or in part, provided that EUROCONTROL is mentioned as the source and to the extent justified by the non-commercial use (not for sale). The information in this document may not be modified without prior written permission from EUROCONTROL.